# Multi-skilling jack of all trades master of none

Multi-skilling “ Jack of all trades master of none? ” Gerald R. Snider June 14, 2010 Wayland Baptist University David Gomez Abstract In todays Health Care arena where economics is failing and healthcare workers are looking for a reason to stay in the business, it is important to look at every tool available to make that happen. Multi-skilling is a unique tool available that if used correctly could combine technical and administrative duties normally held by several different employees into one Job.

This paper explores the multi-skill lifecycle model used, associated elements, stages and criteria needed to properly implement this rocess. It also explores recent challenges that are specific to the medical field when this model is used and how the healthcare industry can implement this process to help it with downsizing and reorganization issues. My research found few studies that explicitly or specifically considered the affects of multi-skilling on the healthcare industry and its affects on patient care.

Consequently, general management literature was reviewed with the aim of identifying the model used; generic issues and lessons learned that can be applied across the field of resource management. The literature considers issues relating to the efficacy and success of multi-skilling which could impinge on the integrity of healthcare and patient safety in the workplace. The review considers general effects of multi-skilling with the aim of identifying the problems which may have in impact on healthcare and patient safety and considers the drivers of multi-skilling as it influences the approach and required focus of controls.

Because this term applies to a broad range of industries there can be many definitions and applications to this process. The medical industry has defined it as uch: Persons cross-trained to provide more than one function, often in more than one discipline. These combined functions can be found in a broad spectrum of health-related Jobs ranging in complexity from the non-professional to the professional level, including both clinical and management functions. The additional functions (skills) added to the original health care worker’s Job may be of a higher, lower, or parallel level. acobson and Other industries describe multi-skilling as a way of working where the traditional divisions between work areas and separate disciplines are removed, and individuals are given the responsibility for range of different types of task. Vertical Multi-skilling – This is where support personnel have learned enough either considered a form of empowerment or if this process occurs due to downsizing, often we see individuals that lack the ability to lead or have not been trained properly.

Horizontal Multi-skilling – This is learning skills from another discipline or function within an organization. For example an electrician learns some mechanical tasks or a process operator learning some maintenance skills. Horizontal Multi-skilling can be considered as two main types: Skill broadening – where inor elements and tasks are learned on top of the predominant activity (major task). So expertise is maintained in the major task with elements added to increase efficiency.

For example, a mechanical engineer may learn how to isolate and disconnect a motor to avoid the use of an electrician. Cross skilling/dual skilling – where another major activity is learned in addition to the main craft and a person is

considered competent to carry out any activity in these two main disciplines. For example, multi-skilled craftsmen considered competent to carry out both mechanical and electrical tasks. Typically some limits will be placed on the types of safety critical work that can be carried out. Horbury ; Wright, 2001 , p. 3) Depth multi-skilling – This is where more in-depth, complex and specific skills are trained on the same skill set. These skills can either be acquired as part of an individual effort to support a team or be incorporated into multi skill set teams. Multi Skill Set Teams (Skill Mix) – This should not be confused with multi-skilling although it does encompass some of the same processes but does not have the same dynamics involved with multi skilling.

Multi skill set teams try and align Job specific ersonnel in order to stream line a certain process or to make time and room for more people to be served or more products to be produced. This of course involves multiple team members with all different skill sets where the strengths and specialties are combined and then are managed by an individual in that group. Because multi-skilling can be used in various industries there are numerous models and stages that each industry applies to their application of multi-skilling.

For the purposes of this literature we will look at what appears to be the predominant model used in most settings. l. Initial conception – There are usually a number of reasons why organizations choose to multi-skill these primarily fall under four main areas: Organizational flexibility – companies are starting to go away from the worker that can only perform at one Job task. This hinders the company’s ability to work efficiently and stay competitive.

Now organizations are looking for employees that can function across several levels of Job tasks and experiences and are reducing the functional demarcations previously instituted so they remain flexible. Reduce labor costs – Multi-skilling is often a reaction to a reduction in personnel ather than a deliberate strategy. The direct labor costs were found to be reduced by between 20 and 25% following organizations implementation of multi-skilling. Further benefits were a reduction in overtime and a decrease in personnel needed to perform the tasks (Horbury & Wright, 2001).

Reduced downtime/Streamlined Jobs – It is often found when multi-skilling tasks to different workers and after eliminating excess workers you can streamline the process for specific tasks or related Jobs into a more efficient and less time Human resource issues – numerous human resource issues can lead to multi- killing, weakening the power of trade unions, enhancing skill sets, personnel development, and empowerment initiatives, enhancing skills and increasing Job security. II.

Imagining change – Once a decision has been made to take the next step in the multi-skilling process the organization can approach the implementation in several different manners. “ Wait and See”, this approach is fundamentally reactive and was found that companies which operated off this premise often lacked the focus on proper training of employees on relevant skills, was unwilling to invest the proper esources and were more in a trouble shooting mood. “ Learn as you Go”, this approach involves a good practice of feedback strategies and requires constant communication at all levels.

Management needs to look at the overall cultural view towards change and there should be a widespread sense of ownership. A positive aspect of this approach is the limited start up costs for implementing this system. “ Predict and Preempt”, this approach involves changes in the implementation and content stage. The organization places a series facilitating measures that cover staffing, education, training, and salary issues. Key decisions that should be discussed include, what is the vision the company wants to achieve during this time frame?

What kind of risks is the company willing to accept? What can the company do to show it wants to be part of the change process and how can the workforce be persuaded? Finally, the company needs to recognize that it may need to persevere possibly over a number of years and a concerted effort will be required. Ill. Planning and Enrolling support – This is considered the detail planning stage. This is where you need to consider the wider context of all issues that multi-skilling ill affect.

Issues such as, human resource agreements, culture of the organization, proper communication of multi-skilling aims and the importance of buy-in by the stakeholders and whether or not the current technical and social system that are in place are consistent with the proposed multi-skilling plan. Enrolling support is about convincing workers within the organization to work together and involve themselves in the proposed changes. Other elements to consider are identification of tasks that are both routine and non routine.

Try and optimize the technical and social systems hat are already in place. Define the specific knowledge and skills required for multi- skilling. We could

go in depth here about task specific items and resource specific ideas but there are far too many to list here. More specifically in the medical field it is felt that the technical specialists are those that should be targeted for cross-training. ‘ V. Implementation and Operation – One of the biggest tasks to complete here is the training and competence step.

One of the first steps is to train up staff with the requisite activities and then ensure the training has equipped the staff with the ecessary skills and knowledge to competently and safely carry out the tasks at hand. This can be accomplished through defining skill sets to be cross trained, have outside learning provided by third parties, use log books in work area to record daily duties and best practices used reassessment of Job skills taught and periodic refresher training. Ongoing management of this process is necessary for multi-skilling to be successful.

Following the training that was coordinated and a check on competence success had programs in place to ensure that new and old skills were being used and there was no stagnation taking place. Supervisors and trainers were aware of all the skills necessary to perform Job specific tasks by attending some training courses provided to the workers as well. Different organizations then used different means to access the effectiveness of the multi-skilling process and used control measures to try and measure its affects.

Some of these performance measures included: Job satisfaction, motivation, performance, turnover, health and safety and financial performance. Although we have reviewed the stages that a multi-skilling process should

follow the literature also reviewed a model that companies should try and ursue to implement the multi-skilling format. Although it follows the stages very closely in word and format they look a little closer into the lifecycle process used.

According to Horbury and Wright (2001), the steps are defined by key management objectives and issues: 1) Starting out – recognize the need for multi-skilling, identify and asses the risks associated with this event, use SOPs and MOI's to ensure understanding and compliance, define safety criteria. 2) Planning and assessment – what individuals will be used, what tasks will be used, how will they be trained and upervised, ensure you take into account the workload and competence when making decisions, ensure changes are developed in a planned and systematic manner. ) Implementation – detailed planning is turned into operational reality, ensure proper resources are allocated to change, ensure flexibility is built into the model to allow for change and growth. 4) Implementation check – ensure planned training, supervision, etc has been carried out, achieved required performance objectives, modify implementation if necessary, consider feedback and issues that might arise. 5) Ongoing skills maintenance and review – ensure skills are maintained at organizational and individual level, detect any latent problems, always seek opportunities to improve the process.

How does the issue of multi-skilling, models, and stages presented fit into the healthcare arena? Most organizations look at the multi-skilling model because of a need for downsizing because of staff limitations or possibly related to financial restraints placed on it by failing economics. Healthcare

fits into both of these categories. The U. S. now spends over 16 percent of its Gross Domestic Product for ealthcare related services. More money is being spent but less money is being generated.

We will soon hit a healthcare crisis as the baby boomers which number in the millions and are on a fixed income, and also on fixed Medicare insurance reach ages of 65-85 which will require numerous medical interventions. It is also well publicized that there is a national nursing shortage that has left many hospitals short on required staff. There is also been a recent problem with staffing some of the technical Job skills in certain hospitals and there has always been an issue with how o we get healthcare to those urban settings that lack both physical resources and personnel.

So the issue of multi-skilling and cross-training has been forced to the forefront in order to try and deal with some of these issues. Many hospitals had started looking into cross-training/multi-skilling its employees over 20 years ago. Most popular use was training medical personnel in the areas of administrative assistance, such as handling phone calls generating reports and data processing. ways to tackle these tough issues. In 1995 Greiner described three primary work-restructuring models that hospitals ould use to deal with the above stated problems, patient centered care (PCC), patient-focus care (PFC), and operations improvement (01).

Under a PCC model comprehensive survey data are used to determine what organizational changes make hospitals more humane. Detailed patient reports are used to execute structural reorganizations, redesign work processes, and provide ongoing information for quality improvement

processes. Cost savings have not been a focus of this model. The PFC model emphasizes both cost and quality and affects a broad spectrum of occupations through multi-skilling, redeployment of ancillary services and teamwork.

Ol’s primary focus is reducing the number RN FTE’s and using more nurse Aides, while ancillary services remain more centralized (Grenier & Pindus, 1997). Many hospitals are now struggling with what approach to take, what skills should be multi-skilled and where do you draw the line with patient safety and proper medical care. Under the PFC model a hospital in Illinois found all kinds of issues related to the multi-skilling model. Job redesign seems to imply to workers that even though theyVe been productive and done a good Job, the hospital has decided that heir Job doesn’t contribute sufficiently to the patients well being.

One of the hardest things is helping people understand the answer to the questions, “ Why do I have to change? ” It’s one thing to understand it intellectually and another to internalize it emotionally. (Hequet, 1994) One of the biggest issues that relates to multi-skilling in a medical environment is the licensing issue. Nurses are usually the lowest worker required to have licensure through the state they are currently working. When a legal battle ensues it usually stops at the nurses’ responsibility level. This makes nurses very wary when new training allocates medical duties to non licensed personnel.

Certain states are trying out workers called I-JAPS (unlicensed assistive personnel). Their purpose would be to bridge the gap with nurses and try to

perform direct and indirect patient care under the direction of the registered nurse. Duties would include giving the patient a bath, emptying catheter bags or dressing a wound. Some of these activities seem very menial and unimportant when looked at but for a nurse they are direct interaction with their patient that provides relevant information for medical care.

For instance, during a bath their is direct patient contact where nurses can asses skin care related issues or use as an opportunity for teaching the patient about his or her condition, emptying a catheter bag a nurse can look at the color of the urine to see if there is blood present or proper hydration is taking place, also when doing a dressing change they can look for signs of infection and use proper sterile technique (Cameron, as cited in Backman, 2000).

Healthcare should learn from the presented model and apply the lessons learned to ensure that there is a smooth transition before they run into a case where these atters become a necessity by force. The literature shows that most models can work unless they are used after an organization has a staff decline and then is forced to use the model. Multi-skilling should play a huge role in the future of the healthcare field. This is a hardships that plaque the industry today.

The medical industry needs to be proactive both in its legislature and its hospitals to implement these action plans. There have already been numerous battles between the nursing associations because they do not want to lessen their craft or release patient control to other Job skills. Certain technical Job skills are lobbying in court to keep their multi-skilling status as

well. The human resource piece to this puzzle is huge of course because this whole issue is tied around how to use your personnel appropriately and how to engage your employees in a process of change.

The literature is full of HR related issues, topics and terminology as it deals with the concept of implementing multi-skilling in different organizations. Finally this literature review has clearly shown that there is a lack of studies and research being conducted in the United States concerning these ssues. Most literature was taken from studies and reviews conducted both in Canada and the Untied Kingdom.

Furthermore there was little research available that specifically dealt with issues concerning multi-skilling and its effect on patient care amongst licensed versus non licensed staff and how that would relate to HRM and training staff. References Backman, A. (2000). Job Satisfaction, Retention, Recruitment and Skill Mix for a Sustainable Health Care System (Report to Deputy Minister of Health, Saskatchewan). Health WORCS. Grenier, A ; Pindus, N. (1997). The Effects of Health Care Industry Changes on Health Care Workers and Quality of Patient Care.

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