



Responding to the looming global shortfall in health care workers

By the numbers:

US\$10 million—the projected shortfall of health workers globally by 2030¹

87%—the percentage of US health care providers that listed staffing shortages as their biggest challenge²

960,000—the number of health and welfare workers Japan needs by 2040³

Nine in 10—the number of developed countries in which physicians feel dissatisfied or burnt out⁴

23% of US health care workers trust their leadership to do what's right for them⁵

The shortage of health care workers during the COVID-19 pandemic added a new dimension to the global public health crisis. Several factors contributed to the shortage of professionals, including burnout, high vacancy rates in health facilities driven by a limited talent pipeline, changing demographics, and increased migration rates.

Even with labor-saving technology such as artificial intelligence (AI), demand for health workers globally is expected to surge by 29%, to 84 million in 2030 from 65.1 million in 2020.⁶ Meeting that demand requires the industry to transform care models, redesign jobs, and rethink employer-employee interaction.

The challenge is profound—and global. The World Health Organization (WHO) projects a shortfall of 10 million health workers worldwide by 2030, mostly in low and lower-middle income countries.⁷ About 55 countries currently fall below the number of health workers that the WHO considers as sufficient.

Some of the biggest shortages are for nurses, especially in Southeast Asia and Africa. WHO's norm is three nurses for every 1,000 people, but India, for example, has just 1.7.⁸ The world will need nine million more by the end of the decade.^{9,10}

Even in high-income countries, shortages persist. The UK already had a shortfall of about 50,000 nurses before the 2020 pandemic. The British government has vowed to hire 50,000 new nurses by 2025, but the Health Foundation, a charitable organization that invests in health and health care, has said the government should exceed that goal if the National Health Services (NHS) is to recover from the current shortages.^{11,12}

Before the pandemic, US hospitals faced a decline in workers, and the pandemic exacerbated those trends. During the height of the Omicron COVID-19 subvariant, about 30% of US hospitals, or about 1,400 facilities, indicated they anticipated critical short-term staffing issues.¹³

A recent survey found that 87% of providers listed staffing shortages as their biggest challenge.¹⁴ And there's little relief in sight. More than 6.5 million US health care professionals are expected to leave their positions by 2026, while only 1.9 million will step in to replace them, creating a national health worker deficit of more than 4 million.¹⁵

The situation is much the same in Asia. The Japanese health ministry, for example, has forecast a shortfall of 960,000 health care and welfare employees by 2040.¹⁶ And in the UK, hospitals and clinics had more than 133,000 job vacancies as of September 2022, a 7.9% increase from the previous year. Almost 12% of those openings were in nursing.¹⁷ More broadly, the NHS is understaffed by 154,000 full-time workers, and if current trends continue, that figure could rise to 571,000 by 2036.¹⁸

The demand for health workers in developed countries is contributing to larger shortfalls in poorer countries, as workers migrate, drawn by better wages and working conditions. For example, in eight Organization for Economic Cooperation and Development (OECD) countries that already have some of the highest concentration of health care workers, the number of foreign-trained physicians increased to 36% in 2020 from 32% a decade earlier.¹⁹

Burgeoning burnout

Clinician burnout is one of the key causes of the health care sector's labor shortages. About 49% of US physicians said that they have experienced burnout in the past two years and predicted those rates could rise in 2023.²⁰ Burnout rates are highest among emergency medicine (65%), internal medicine (60%), and pediatrics (59%).²¹

It is also a widespread problem among European physicians, with 22% believing that burnout and staffing issues may worsen.²² In India, 82.7% of doctors reported experiencing work-related stress in 2023. Mental, physical, and emotional attacks on physicians are at an all-time high, according to the Indian Medical Association.²³

In nine out of 10 developed countries surveyed—Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, Switzerland, the United Kingdom, and the United States—physicians were dissatisfied with a range of matters, including pay levels, time spent with patients, time spent on administrative work, and work-life balance. (Switzerland was the only country in which physician satisfaction was higher.)²⁴

Trust

Trust is essential for health organizations, and it is critical to effective care delivery. Yet Deloitte US research has found an erosion of trust across the health care sector, including consumers and health workers. Staff shortages have increased because of burnout since the COVID-19 pandemic, inadequate pay that has not kept up with inflation, and eroding trust in executive leadership (Figure 1).²⁵

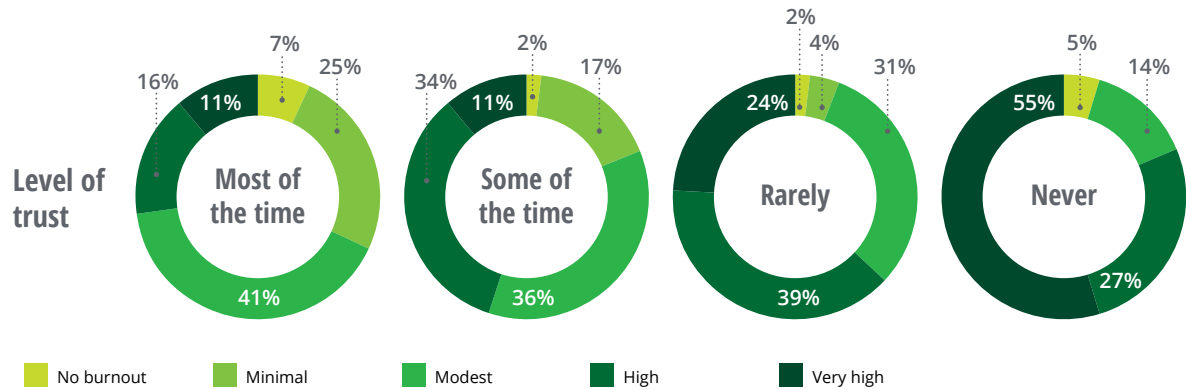
Our Deloitte US survey of health care workers found that only 45% of frontline clinicians trust their organization’s leadership to do what’s right for patients. Even fewer, 23%, trust their leadership to do what’s right for workers.²⁶ These two types of trust—to do right by patients and to do right by workers—are highly correlated and associated with significantly lower clinician burnout.

In October 2023, about 75,000 medical workers at Kaiser Permanente (KP) initiated a three-day strike against one of the largest nonprofit US health care networks. Workers were demanding higher pay, a US\$25-per-hour minimum wage for all health care workers, and a reformed bonus structure. In addition to pay issues, the union representing the workers says KP needs 10,000 more workers to fill vacancies.²⁷

Figure 1: Clinician burnout rate is highest in the US among those who have lost trust in their organization’s leadership

Survey question: Do you trust your organization's executive leadership to do what's right for the workers?

The burnout I experience today is ...



Note: N = 486 (clinicians currently in clinical practice).
Source: Deloitte 2022 Survey of US Frontline Clinicians.

In the short term, health care providers have turned to contract workers to fill the gaps in the labor force. The use of contractors in full-time positions more than doubled—rising 138.5%—between 2019 and 2022, and the median salary paid to staffing companies rose by 56.8%. During the same three-year period, the total cost of contract labor increased by almost 258%.²⁸ In a tight labor market, staffing companies often raise the hourly prices they invoice hospitals for services such as traveling nurses.²⁹

To retain and attract the clinical workforce, health care leaders have a responsibility to rebuild their trust and restore meaning, value, and purpose in their industry. Listening to frontline workers, recognizing their clinical autonomy, elevating their voice to leadership, and building an inclusive culture are some ways organizations try to achieve this. Holding leaders accountable for worker well-being—by weaving well-being metrics into their compensation and creating leadership positions focused on well-being—can further solidify leadership’s commitment to their workers.

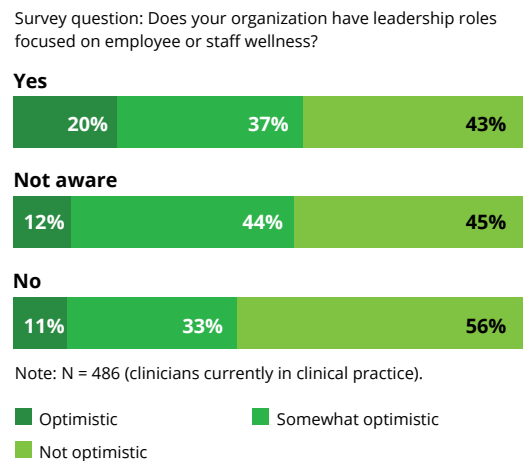
This isn’t just the right thing to do, it’s also good for business. Workers at high-trust companies report 50% higher productivity, 76% more engagement, and 40% less burnout compared to workers at low-trust companies.³⁰

Rebuilding trust is essential as health organizations work to fill vacancies, meet rising demands for labor, and prevent skilled workers from leaving for staffing firms that may pay more. Our research has found four key areas providers should focus on to strengthen trust within their organizations:³¹

- Listen, be transparent, and involve frontline workers in decision-making.** Clinicians want to be heard and involved. An inclusive health care workforce can enrich the discussion by bringing a diversity of experiences and perspectives, creating a sense of belonging, and amplifying voices that traditionally are not heard.³² Nine in 10 of the clinicians we surveyed highlighted how important it is for health care organizations to involve frontline staff when developing programs that address workforce burnout and shortages. But only 54% said it actually happens, including just 8% who said it happens regularly.³³

- Restore meaning in a clinician’s job and elevate the humanity of health care.** The demands of today’s health care system and the heightened emphasis on the bottom line may be affecting clinicians’ joy in caring for patients. Giving time and autonomy back to clinicians allows them to focus on patient relationships.
- Involve frontline clinicians in leadership roles.** Health care organizations can engage practicing clinicians on committees or encourage them to join the leadership ranks. Evidence shows that physician-led health care organizations generally do better in terms of protecting the core values in medicine than non-physician-led organizations (Figure 2).³⁴ Some organizations appoint clinicians to serve at executive levels to ensure clinicians are engaged and involved in decision-making.
- Hold leaders accountable for health workers’ well-being.** Having supportive leaders who prioritize workers’ well-being can be critical in building trust. Some forward-looking organizations have created leadership positions like chief well-being officers to lead efforts dedicated to workers’ well-being. While such roles are uncommon, clinicians say they can boost trust and reduce burnout.

Figure 2: Clinicians who work for organizations with a leadership role dedicated to employee well-being are more optimistic



Source: Deloitte 2022 Survey of US Frontline Clinicians.

Increasing pay

To find and retain clinicians among the labor shortages, providers have had to pay them more. The US has witnessed a growth in clinician salaries across most specialties. Average pay for physicians rose to US\$352,000 from US\$339,000 in 2022, while average pay for specialists increased to US\$382,000 from US\$368,000. Primary care physicians' average pay rose to US\$265,000 from US\$260,000.³⁵

Canada, meanwhile, developed a new payment model to promote recruitment of physicians in underserved areas. Under a three-year agreement in British Columbia, for example, a full-time family doctor should now earn about C\$385,000 annually, up from C\$250,000. The new pay scale is designed to enhance recruitment of doctors in the region.³⁶

The UK has been locked in disputes over clinician pay for most of 2023, with the NHS already offering pay increases. Regardless of how the situation is resolved, labor costs are likely to rise.^{37,38}

Increasing clinician pay and rebuilding trust can help prevent the loss of talent to staffing firms. It may also reduce providers' long-term labor expenses as staffing firms tend to increase prices during times of high demand.

Decreasing job demands through technology

In addition to building trust and paying clinicians more, technology can ease some of the biggest contributors to burnout, such as administrative tasks. AI has the potential to take over documentation burdens, handle pre-op workflows, and assist with insurance claims, for example. Relieving clinicians of those administrative tasks frees up time for them to spend with patients.³⁹

HCA Healthcare, the largest US health system, is developing AI that can convert clinician conversations with patients into medical notes that are then incorporated into patients' electronic health records (EHRs). The program is designed to mitigate documentation demands, one of the leading causes of clinician burnout.⁴⁰ Similarly, Carbon Health's hands-free charting tool uses OpenAI's GPT-4 in its proprietary EHR platform to streamline patient documentation and generate comprehensive and accurate medical notes. The tool reduced documentation time from 16 minutes to about four and increased patient volume by 30%.⁴¹

Using tools such as Nuance's Dragon Ambient eXperience Express, which reduces the time spent on documentation, clinicians have reported saving about seven minutes per patient visit, which helps enable as many as five additional appointments per day. It also could give clinicians more time to spend with each patient or have time for themselves to reduce burnout.

How providers can rebuild their workforce

Providers looking to help improve their recruitment and retention may need to consider transforming their care models and redesigning jobs. Some options to consider include:

- **Investing in technology to give time back to workers:** For instance, optimizing clinicians' workflows by removing low-value activities, such as reducing the number of EHR clicks, can be a quick win. New work modalities, such as virtual nursing, which take advantage of remote work possibilities and lessen demands on bedside nurses are longer-term investments.

- **Fundamentally rethinking where care is delivered:** As more care moves out of hospitals and into outpatient and other alternative sites of care, be innovative about staff allocation and preparation and design staff development programs accordingly.
- **Redesigning work teams:** Implement comprehensive interdisciplinary care teams that take advantage of team members' strengths, bring in more assistive clinical workers, and allow each person to operate at the top of their license.
- **Injecting flexibility into jobs:** The solutions range from flexible schedules and job-sharing to work models that formalize opportunities to intermix bedside work with other types of work.
- **Customizing retention strategies:** Listening and addressing clinicians' concerns and needs can help boost retention. Some workers may want more recognition or flexible scheduling, while others want higher pay for expertise or increased effort.
- **Expand reliance on advanced practice professionals:** Government orders during the pandemic granted many nurse practitioners expanded roles. Organizations can build on these measures by filling gaps with less traditional care providers like advanced practice professionals, social workers, pharmacists, and community health workers in lieu of primary care physicians.
- **Leverage experienced clinicians:** Design jobs that allow them to use their expertise, reduce physical demands, give them flexibility in their schedules, and allow remote work when appropriate. Retirement can be a gradual transition if workers choose.
- **Integrate workforce planning and strategic planning:** Understand how emerging technologies and consumerism affect the workforce and the nature of the jobs clinicians perform. Encourage change but do it in a way that supports your workforce.⁴²





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