



Australia's Health  
Reimagined:  
Voice of the Workforce

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# Foreword

We're proud to release 'Australia's Health Reimagined: Voice of the Workforce' report, providing an imperative focus on the perspectives of our healthcare workforce and how we can improve the workforce experience.

This report is a culmination of research and input from frontline clinicians and senior leaders working in secondary, primary, community, disability, aged care and mental health services.

As the demands on our health system grow at rates even faster than can be explained by demographic factors, so too does the pressure on our healthcare workforce, on which the system is heavily dependent. While responses have included reforms, expanded services, and increased funding and staffing, shortages persist locally and globally. Challenges such as burnout, regulatory and industrial complexities, affordability, and outdated practices compound the situation. In addition, global megatrends such as climate change, technological advancements, social instability, and the evolving perspective on work, further necessitate the need for reform and to re-think how care is delivered.

Following our interviews with CxOs and Healthcare Executives, we know the desire and commitment to change and improve the workforce experience exists. Workforce is the top strategic priority for healthcare organisations, with initiatives already underway to improve the workforce experience for the benefit of staff, consumers and communities.

However, achieving change isn't always straightforward. We know the workforce is pivotal in the context of driving and achieving broader healthcare transformation, but it isn't always clear where to begin. To guide leaders in reimagining Australia's healthcare workforce, we've developed the '5 Rs' framework: Redesign, Reengage, Retain, Reach, and Reform. This framework offers strategic actions, informed by research participants and industry experts, to address priority issues by investing in people and involving the workforce throughout the change process.

We hope this report provides a renewed focus to improve the workforce experience in healthcare, ensuring change is led with purpose and ultimately benefits the workforce and consumers. As healthcare leaders and policy makers, we encourage you to further participate in discussions and take action to Redesign, Reengage, Retain, Reach and Reform Australia's healthcare workforce and system.

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# Executive summary

This first-of-its kind report for Deloitte Australia acts as a sequel to the 'Australia's Health Reimagined' report from March 2022, which surveyed consumers about their wants and needs for digital health. Now, 'Australia's Health Reimagined: Voice of the Workforce' provides a new lens into the issues impacting healthcare, through the eyes of those providing, rather than receiving, care. We need the perspectives and involvement of both patients and the workforce to enable true reform.

The research involved surveying 385 clinicians nationally (a representative sample of doctors, nurses, midwives and allied health professionals) in December 2023. In addition, 42 senior healthcare executives (CxOs) across public and private hospitals and government departments were interviewed between July to September 2023. The research is significant as for the first time Deloitte Australia can evaluate the experiences and perspectives of frontline clinicians and healthcare executives in relation to healthcare challenges. 'Australia's Health Reimagined: Voice of the Workforce' aims to contribute to a reimagined system where the voices of those on the ground are heard and understood.

This report has also been influenced by Deloitte UK's 'Time to change: Sustaining the UK's clinical workforce' report released in May 2023. The related reports from different regions reflect how the challenges and generational shifts impacting health care are a global experience, concurred by healthcare workers, industry leaders and consumers. Deloitte Australia's quantitative and qualitative research was executed using the same methodology as Deloitte UK's equivalent report to allow for comparisons across the regions. The perspectives of Australia's frontline clinicians and CxOs are also evaluated in comparison with each other.

## Understanding the complexity and uniqueness of the healthcare industry

Like many industries the growing demand for workers coupled with the current constraints on workforce availability is resulting in strong competition for workers, occupational shortages, particularly considering the shifting generational and societal expectations and relationship with work following the pandemic.

Australia's health system is a foundational element of our social and economic prosperity. The healthcare workforce fulfills a critical dual role as it contributes 10.5% of major economic productivity and represents a material part of the Australian workforce, with more than two million people employed and over 75% of these workers female<sup>1</sup>. For each government of the day, healthcare is subject to contested political debate, as it is foundational to the welfare of our country, the quality of lives for all Australians – and at times, the success of that government.

Part of the complexity of the healthcare landscape is its industrial environment, which is heavily influenced by legislation, regulation, industrial relations and broader policy. At present, there is a lack of alignment for the levers attached to the supply of healthcare professionals, with outstanding questions around the quantity, type and skillsets of workers needed for the future.

As the demands on our health system grow, so too does the pressure on our healthcare workforce, on which the system is heavily dependent. So much is asked of our healthcare workers but too few opportunities are provided for them to share their views. Clearly, an urgent and cohesive response is required to meet the workforce and skill needs now and into the future; this response must include the voice of the healthcare workforce.

## The healthcare workforce is key to driving and achieving transformation

Through this report, we highlight how the **workforce is pivotal in the context of driving and achieving broader healthcare transformation**. Transformation is essential in the context of Australia's population reaching an estimated 35.9 million by 2050, with the proportion of people aged over 65 increasing by 6% to reach just under a quarter of the population. If current levels of productivity were held constant, the healthcare workforce would need to grow from 11% to 45% of the total Australian workforce to meet rising demand.

With the growing demand factors in mind, the supply side is not keeping pace, particularly with the lack of a talent pipeline. The overburdened system quickly needs to prepare a modern workforce. However, the focus in achieving transformation shouldn't be about working harder to churn through more work. Instead, it's about making strategic changes, rather than doing more of the same, to make the workload easier to manage for employees and enhance productivity. Establishing common modern work standards that will guide future investment in the national workforce and the work it delivers is critical to guide the sector through necessary transitions to a modern workforce. Prioritising future investments, design of work and workforce experiences around smarter, healthier work can provide the common direction needed for the sector's workforce and address key issues.

*"Our people are the most important asset in our organisation."*

### **CxO, state-based primary and urgent care service**

The value of the healthcare workforce was echoed within the CxO interviews, with all leaders nominating the workforce as a top strategic priority. Without the right people, in the right places, with the right skills, tools and support to deliver optimal services, healthcare performance will continue to deteriorate. It's time to hear and learn what healthcare workers have to say about their experiences, to discover the change required and how to support workforce and system reform.

## The reality of the situation on the frontline

Evidence and trends suggest that the Australian healthcare workforce and system could be close to breaking point, hampered by a complex industrial environment and impacted by macro factors – such as an ageing and growing population, longer life expectancy, climate change, the burden of disease and rising costs – that have been amplified by the COVID-19 pandemic. The result is intensified capacity challenges, a distressed workforce and a changed healthcare and workplace landscape. By surveying clinicians and interviewing healthcare executives, we discover the reality of the situation on the frontline.

There is definitely the need to do things differently and address the pressures pushing the healthcare system and its people beyond capacity. The survey results confirmed these challenges, 76% of survey respondents agreed their workload has increased since March 2020 due to a change in demand on healthcare services. A further 71% considered changing their employment over the previous 12 months and 1 in 2 said their work had negatively affected their mental health over the past 12 months. In addition, 66% attributed high work demands as the top contributor to unhelpful feelings of stress in their role. However, in amongst those perspectives, the results also tell an encouraging story – one where most respondents are satisfied with their jobs, feel valued, are willing to stay with their current employer, and feel they can discuss issues in the workplace with their manager in an open and honest way. We also discovered the significant bottom-up efforts to implement change amongst healthcare service providers.

Nevertheless, there is a long way to go to achieve reform consistently across the healthcare system, and the workforce is central to achieving this.

## Equipping healthcare leaders to enact change

Following our interviews with CxOs, we know the desire and commitment to create change exists, but issues and solutions aren't always informed by healthcare workers. Plus, with so many areas of concern, there is a lack of clarity over where to start and in what order. We have developed the '5 Rs' framework to guide and empower leaders in reimagining Australia's healthcare workforce: Redesign, Reengage, Retain, Reach and Reform.

This framework, presents a set of strategic actions to help address the priority issues impacting the healthcare system overall, and is informed by research participants and industry experts. The value gained from listening to the voice of those on the ground should not be understated; it is these experiences that need to inform how solutions are designed.

Using the framework of the '5 Rs' – Redesign, Reengage, Retain, Reach and Reform – it provides a view of both the issues impacting the healthcare workforce, as well as the areas and opportunities for change, especially to support Australia's healthcare leaders in their approach to achieving reform.



**Key results:**

- Frontline clinicians are struggling with the administrative burden of their work, with most respondents indicating the need for these tasks to be streamlined, allocated elsewhere or avoided entirely to create more time for higher value uses. There is also an opportunity to reimagine workforce models in non-traditional care settings, such as schools, community health centres and care at home, focusing on the population health needs of the community.
- Survey respondents indicated the top two reasons for job satisfaction were having a 'work-life balance' and 'using their skills in daily work', rather than consistently needing to perform administrative tasks that detract from patient care. Reducing the burden of administration would alleviate the pressure on the workforce, enabling clinicians to have more time to spend on patient care.
- Survey respondents also highlighted that openness toward technology adoption remains fragmented across organisations, with differences in opinion toward digital health divided geographically and generationally amongst healthcare workers. This means benefits are inconsistently realised and the shift to modern workplaces has not occurred at pace to make jobs easier to do yet. A central factor is that the right technologies need to be introduced and adopted effectively into the clinical pathway. There can be problems integrating new technologies into clinical practice if a holistic approach isn't taken to understanding the impact on roles. In order to create a modern workforce, ways of working need to be redesigned first.

## The '5 Rs' for Reimagining Australia's Healthcare Workforce

The 5 R framework has been developed through our healthcare expertise, interviews with senior leaders and workforce survey results conducted for this report. It is important to note that this framework is not intended to be followed as a linear process, as we acknowledge that organisations may be operating within multiple R categories. Instead, it is designed as a reference tool to assess your organisation's current position, group our findings and provide actionable insights for leaders to consider.



### 1. Redesign

#### Redesigning ways of working

Discover where immediate action should be taken to alleviate pressure, with a call to redesign work processes through sustainable ways of service.

#### Key stakeholders:

- Organisations
- Industry leaders.



### 2. Reengage

#### Prioritising wellbeing and the employee experience

Focus on reengaging the existing workforce by improving the employee experience, with a particular emphasis on mental and physical wellbeing.

#### Key stakeholders:

- Organisations.



### 3. Retain

#### Focusing on sustainability, satisfaction and flexibility

Listen to, understand and address the evolving needs and wants of employees, especially younger generations and the emerging workforce, to create a sustainable workforce and avoid the cost of replacement, losing knowledge and skills, and impacting culture through high turnover.

#### Key stakeholders:

- Organisations.



### 4. Reach

#### Prioritising investment in enhanced training models and career pathways

Develop an accessible, modern workforce by re-prioritising investments to enhance professional and industry capabilities, through training models, career pathways and redefined scopes of practice.

#### Key stakeholders:

- Organisations
- Industry leaders
- Government
- Higher education
- Professional bodies
- Recruitment agencies.



### 5. Reform

#### Transforming to new models of care, digitising an enhanced system, and improving culture and leadership across the healthcare system

The longer-term focus is to re-envision and reform the healthcare system more holistically, using the perspectives of the workforce to inform solutions that are designed based on human factors to increase efficiency and enhance the workforce and consumer experience.

#### Key stakeholders:

- Organisations
- Industry leaders
- Government.

## The essential takeaways of the '5 Rs'

### The case for Redesigning

The first R, redesigning ways of working, is a logical place for organisations and industry leaders to focus their initial efforts, with flow-on effects that support the reengagement, retention and attraction of employees, as well as system reform. The need to establish more sustainable and effective ways of working was realised intimately during the COVID-19 pandemic.

When we redesign work, we look at how we can create greater capacity in our workforce and provide greater opportunities for our people to focus on higher value work. It will also be a critical step in designing, smarter, healthier work that better leverages technology (where appropriate) and better supports the needs of our people. Redesigning work can entail improving work processes, reducing low value tasks and administrative burden, restructuring teams, partnering across sectors and implementing new technologies.

**The case for Reengaging, Retaining and Reaching**

While the results indicate high job satisfaction amongst clinicians broadly, we uncover problems related to engagement and retention when the results are split by tenure. Newer generations of healthcare workers have adjusted their expectations around what they look for in a workplace, including more flexibility and a renewed sense of purpose. Understanding the nuanced and evolving needs and wants across generations will be pivotal in reengaging, retaining and reaching healthcare workers now and into the future. Through our 2022 report 'Australia's Health Reimagined', we discovered how a generational shift is changing the expectations of consumers in accessing care services.

Now, the survey results of this sequel report are equally telling in the generational evolution being experienced by Australia's healthcare workforce, with shifts in the workplace experience and the delivery of services. When thinking about the transformation of the healthcare system, it will entail organisations, industry and government taking action to respond to the inherent psychosocial risks and providing healthy workplaces, establishing a new employee value proposition for healthcare workers, and redesigning and reskilling a sustainable workforce. These improvements would have immense benefits for the existing and future workforce, all of which are equally important to the sustainability of healthcare.

**Key results:**

- Most frontline clinicians are satisfied with their jobs but healthcare work is taking its toll, with many negatively impacted physically and mentally. The respondents with less work experience, especially junior nurses, midwives and doctors, are affected to greater extents in terms of their wellbeing and dissatisfaction.
- A quarter of respondents are looking to leave the profession and change careers altogether, while the majority have at least considered changing their employment in some form, including 2 in 5 who have considered reducing their hours to part-time. The greatest retention risk is amongst younger nurses and midwives, with obvious impacts on the sustainability of the workforce.
- Frontline clinicians want more pay and recognition for their work, but also recognise there are other contributing factors to a high-quality employee experience, with a desire for improved flexibility, culture, training, support and career opportunities.
- These results align somewhat to the broader generational and societal trends surrounding a desire for improved work-life balance, flexibility and a positive working environment.
- There is a declining pipeline of talent, with a decrease in health higher education completion rates and enrolment growth rates, particularly as healthcare competes with other industries nationally and internationally. There is a need to improve access points into the industry to reach potential candidates and ensure jobs are relevant and attractive into the future.
- The declining interest in healthcare jobs is heightened by the reputational challenge the industry is experiencing amongst younger workers, where the altruism of the new generation of carers can no longer be relied upon alone – at least not without improvement to the employee experience, including a focus on flexibility, wellbeing, good leadership, and other factors that create a positive working environment.
- Younger generations of clinicians are most dissatisfied with the chances to progress their career – creating a clear opportunity to invest in career pathways and improve attraction and retention.
- Enhancing career pathways and training models are a significant area to focus reprioritised investment, especially to mark a critical move away from simply building more unsustainable healthcare infrastructure. Career pathways need to be varied, aiming to enhance professional and industry capabilities, and attract and retain the best and brightest as part of a modern workforce.



**The case for Reforming**

In the end, the healthcare workforce and system it operates within cannot look the same in 10 years' time, if it is to operate sufficiently in the context of ongoing cultural, societal and technological change. Longer-term planning is needed now to deliver a healthy, resilient system. Focusing on workforce redesign alone will not solve all the issues being experienced, but requires a holistic transformation of how we deliver care. As indicated throughout the CxO interviews, a shift in the way we think about health and deliver care is required before it can be digitised effectively.

Everyone has a role to play in progressing the holistic transformation – from government, to industry and organisational leaders, to clinicians – making collaboration and consultation central to the approach. However, this in itself will require a targeted focus to improve the systemic culture, cohesiveness and leadership of healthcare. The healthcare industry and its leaders need to take stock, listen to what their people are saying and make brave, bold and inclusive decisions to reimagine how care is delivered in Australia.

**Key results:**

- Only 40% of clinicians agreed that the executive leadership at their workplace consult employees about critical issues that concern staff. Solutions will only be effective if the healthcare workforce is listened to, engaged and supported by a positive culture and compassionate leadership.
- More than half of the clinicians agreed their workplace is open to adopting new technology to make their work easier; and the top responses to which technologies are helping to improve the quality of patient care were 'virtual care' and 'Electronic Medical Records (EMR)'. However, a number reported that they are not experiencing the benefits from existing technologies, or data sharing within organisations and across multiple settings. There is more to be done to support clinicians to adopt and benefit from technology that streamlines how they deliver care across settings, reduces their administrative burden, and automates appropriate indirect patient care tasks, such as notes and reports.
- Going a step further, combining Generative Artificial Intelligence (Gen AI) and advanced data analytics with EMRs or virtual care presents great opportunity for clinicians to redirect their time towards higher value tasks, while ensuring services are delivered safely within a framework – where Gen AI supports decision making but does not replace clinical judgement.
- As demand grows, it's not sustainable or feasible to continue delivering care in the same way; we won't be able to find the healthcare workers needed to provide the level of care required, nor should we as there are better ways to deliver high quality, accessible healthcare and improve patient outcomes. Reform needs to be led by transforming models of care, and as mentioned previously, redesigning work and careers, before digitising an enhanced, mature system.
- Healthcare industry leaders are experiencing difficulties and pressure too, alongside frontline workers. There is a lack of a sufficient pipeline of highly skilled and deployable leaders. The development of strong leaders is crucial to creating a positive, psychologically safe workforce experience and to lead the healthcare industry through an upcoming period of disruption and change.

## Actionable insights for Australian healthcare leaders

Given the capacity challenges and pressures affecting healthcare workers, it's unlikely the system can meet Australia's future health needs in its current form. Looking at these complex challenges in a new light will help reimagine how to Redesign, Reengage, Retain, Reach and Reform the workforce for a sustainable future, beyond the current limitations of the system. If steps aren't taken to create change led by purpose, change will instead be forced upon the healthcare system due to the generational and societal shifts already taking place amongst both consumers and healthcare workers.

The recommendations and actionable insights across the '5 Rs', as follows, aim to stimulate debate and encourage action amongst Australia's healthcare leaders. It will be essential for all stakeholders, including clinicians, to collaborate to solve the challenges and co-design solutions – ensuring high quality, safe and accessible health outcomes for all Australians, strengthened effectiveness of health service providers, and enriched careers for clinicians.

### Redesign ways of working:

- Use technology purposefully to enhance existing roles and rethink the roles we have that enable clinicians to use the full range of their skills and abilities and improve capacity for clinical care
- Future-proof new ways of working by developing appropriate policies and guidance for new technologies
- Streamline processes to make work easier by asking clinicians which tasks can be automated, redirected, improved or stopped all together

- Reorganise teams by leveraging multidisciplinary and cross-disciplinary team profiles within the health system, enabling collaboration, communication and delivering efficiencies by reducing duplication of efforts and patient touchpoints
- Ensure that the right skills are being used in the right places to deliver safe care.

### Reengage employees:

- Develop employee initiatives that reward and recognise staff, with a focus on the human factors that drive motivation and influence wellbeing
- Implement feedback loops with regular opportunities for staff to be listened to and with steps taken to address feedback
- Establish governance that is primarily focused on wellness, prioritising physical, psychosocial and psychological safety interventions that are based on the needs of different departments, teams and professional groups
- Adopt bespoke engagement and retention strategies that acknowledge the different motivators across generations, especially junior staff
- Encourage innovative thinking to engage employees in positive pro-active ways as part of new solutions
- Explore ways to modernise workplaces and improve the employee experience through more efficient and digitised people services
- Equip leaders with the tools, information and support to create supportive, inclusive environments for staff and promote positive experiences.

**Retain employees:**

- Understand the nuanced ambitions for different professions, at different stages of their career
- Involve clinicians in decision making about improvements to their experience and regularly communicate how feedback is being addressed
- Identify flexible working options, including variable shifts and job sharing work models that formalise opportunities to intermix bedside work with different types of work
- Embed the principles of equity, diversity and inclusion across all parts of the healthcare workforce
- Enable and empower managers and employees to accommodate flexible working arrangements through robust systems, workforce modelling and processes
- Support the career ambitions of the workforce through regular, simplified performance reviews that focus on identifying learning and development opportunities, secondments, work-shadowing, internal transfers and job rotation, as well as mentoring and coaching
- Use comprehensive real-time workforce data and insights to monitor engagement, identify risks associated with staff wellbeing and absence, and improve retention.

**Reach new healthcare workers:**

- Collaborate across industry, education providers and recruitment agencies to develop new and effective pathways into clinical careers that are competitive with other industries
- Provide a variety of development opportunities to improve the number of people considering a healthcare career
- Develop future generations of clinicians with inter-disciplinary, multi-faceted skills needed outside of traditional care settings and aligned to emerging technologies
- Develop modernised, people services (HR) and leadership capabilities, supported by people plans that consider what can be offered to employees, especially in the early stages of a career and during key career transitions
- Deploy healthcare assistants where appropriate to help fulfil healthcare tasks so that healthcare professionals can undertake specialised tasks that require their full scope and utilise their strengths and skills

- Utilise workforce planning to consider what workforces will need to look like in 10 years' time and revisit these bold and strategic plans regularly
- Expand multi-professional credentialling to enable clinicians to access different career opportunities, develop new capabilities and shift or expand their scope of practice more easily
- Improve diversity across the healthcare workforce by including Aboriginal and Torres Strait Islander, Disability, LGBTQI+ and Culturally and Linguistically Diverse groups, who have historically been underrepresented in medicine and other clinical fields.

**Reform the healthcare system:**

- Develop bottom-up workforce plans that reflect new models of care, new settings for the delivery of care, and highlight the potential impact of innovations and digital transformation on employees
- Share data and integrate digital systems across multiple healthcare settings to enable better decision making and improve the workforce and consumer experience
- Involve frontline clinicians in leadership roles and engage practicing clinicians on committees and alike to ensure their voices are heard and support decision-making
- As clinicians build skills and experiences, install the required systems to capture these skills, inform areas for development and deploy critical skills in emergencies or to unlock hidden capacity
- Take a systemic approach to identifying, establishing and supporting those with the ability and ambition to reach senior levels in healthcare
- Design and embed leadership frameworks that balance human-centred leadership and commercial acumen as the norm, supported by metrics by which leaders at all levels are judged in their efforts to respect, enable and value the healthcare workforce
- Improve collaboration across all levels of government, professional bodies, regulators, educators and local and national healthcare organisations to develop an interoperable system in all its forms
- Strengthen and enhance policy and regulatory levers in order to balance the need for strong credentialing, quality and safety for all health professionals, as well as enable professional freedom and flexibility.


# Key facts and stats

## 1.1 Key facts about Australia's healthcare system<sup>2</sup>

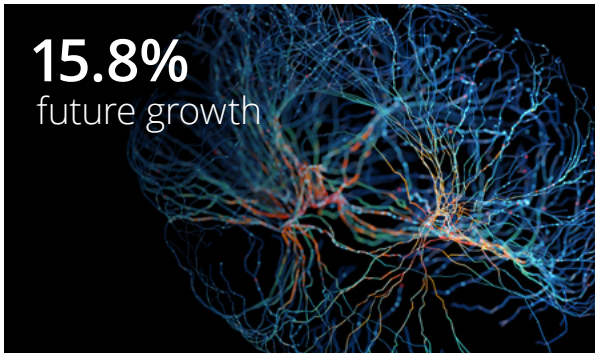
**2,112,600**  
employed

A photograph of a hospital hallway. In the foreground, two healthcare workers in blue scrubs are walking. In the background, a patient is lying in a hospital bed, and another staff member is attending to them.

**25.8%**  
past growth

A close-up photograph of a person's hands in blue scrubs holding a tablet. The tablet displays several medical scan images, likely MRI or CT scans of a brain.

**15.8%**  
future growth

A 3D visualization of a neural network or brain scan, showing a complex web of blue and red lines representing neural connections.

**\$1,150**  
weekly earnings

A photograph of a female nurse in blue scrubs smiling and talking to an elderly patient. The patient is wearing a yellow hoodie. They are sitting at a table with some items on it.

**15.3%**  
workforce share\*

A photograph of a computer monitor displaying a map of Australia. The map is highlighted in white against a dark background with some data points and lines.


**56.9%**  
full-time share

A photograph of an operating room. Several surgeons in blue scrubs and masks are gathered around a patient on an operating table, illuminated by bright overhead lights.

**76.2%**  
female representation

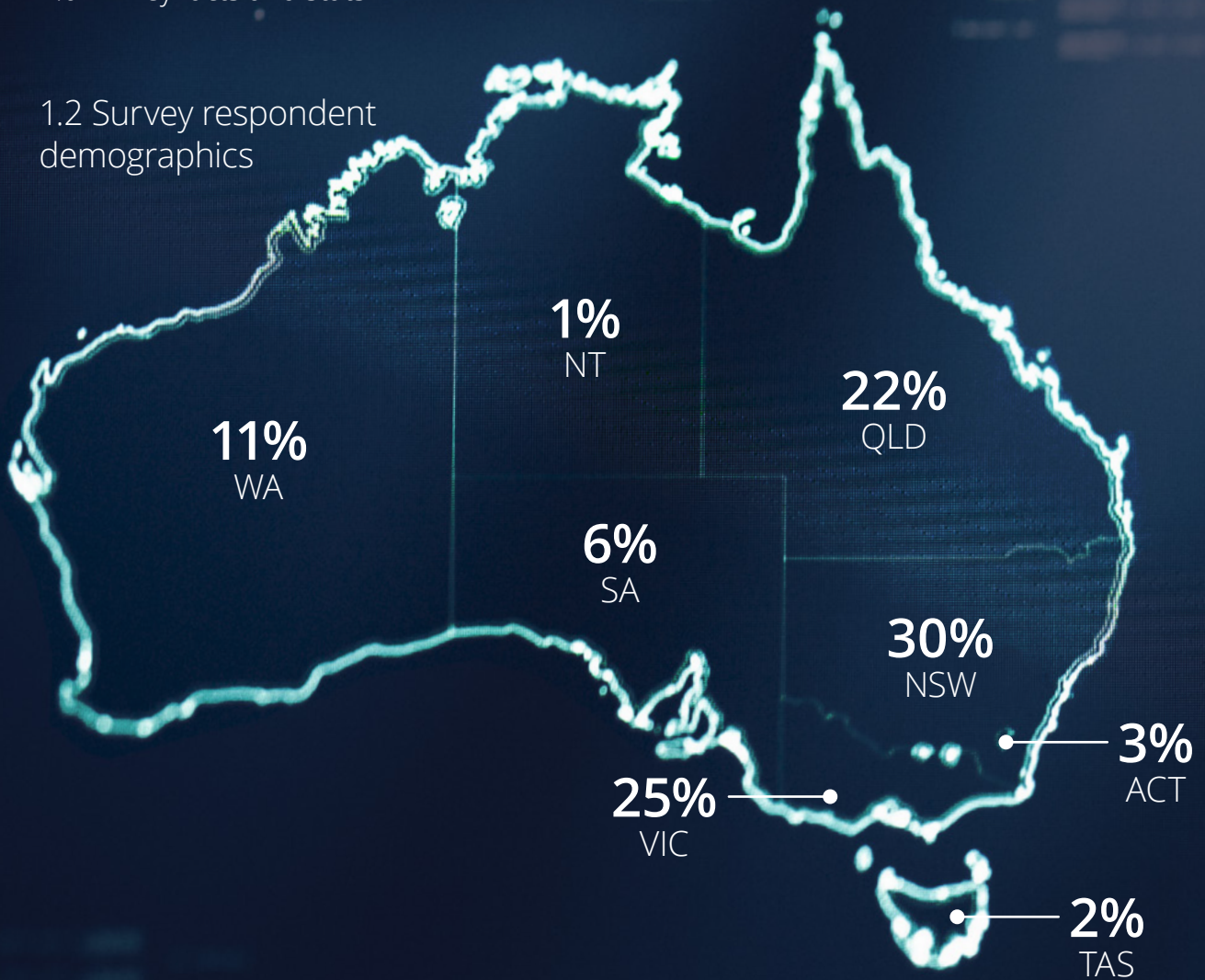
A photograph of a woman with dark hair, wearing a blue and white striped shirt, sitting on a couch. She is holding a tablet and looking towards the camera.

**41**  
average age

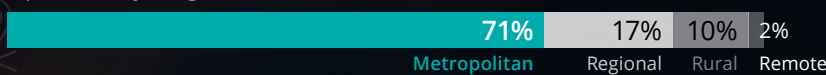
A photograph of a male doctor in a light blue shirt sitting at a desk. He is holding a coffee cup and looking towards the camera. A stethoscope is around his neck.

\* This is the proportion of people in the Australian workforce who are employed in the Healthcare and Social Assistance industry

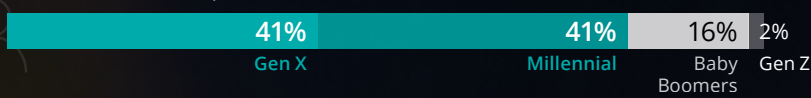
1.2 Survey respondent demographics



Spread by regions



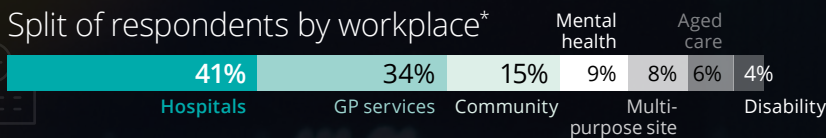
Generational split



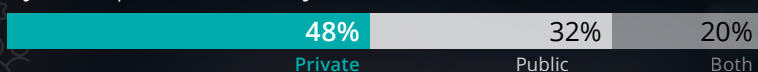
Split of respondents by role



Split of respondents by workplace\*

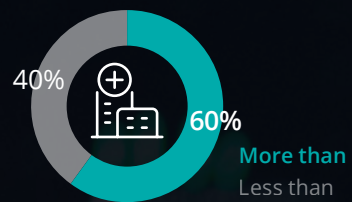


System predominantly worked in



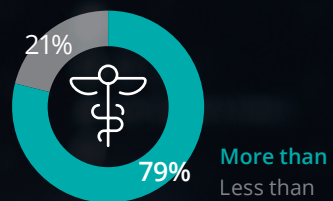
Split of respondents by tenure with current workplace

5 years with place of work



Split of respondents by time working in health/human services industry

10 years experience

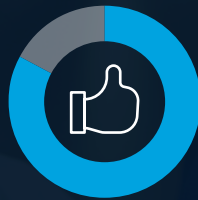


\* Responses add up to 117% as respondents could select more than one field

### 1.3 Voice of the Workforce: Australian frontline clinicians

#### Theme 1: Satisfaction with the work environment

While satisfied using their skills in their jobs, clinicians have highlighted that high work demands are contributing to unhelpful feelings of stress



**83%** are **satisfied** with their **current job** which is generally consistent across tenure and role



**48%** are **satisfied** with their **ability to use their skills** in their daily work



**24%** have thought about **leaving their profession & changing their careers** in the last 12 months



**74%** feel that **increased pay or remuneration** could be implemented to **improve the workplace experience**



**65%** rated **high work demands** as the main contributor to **unhelpful feelings of stress within their role**



**44%** have **thought about reducing hours** to part time working in healthcare



**12%** are **satisfied** with the **flexibility** of their shifts

- Redefining the Employee Value Proposition and a broad view on reward and recognition will help to improve levels of satisfaction and engagement.
- Offering flexibility to accommodate personal responsibilities and work-life balance for clinicians can improve job satisfaction and retention. However, ensuring that patient needs are consistently met, and the system runs smoothly requires careful planning and coordination of schedules to maintain adequate coverage. This can add a lot of complexity to an already overwhelmed system.
- It is important to strike a balance between meeting the needs of both consumers and healthcare workers, while also considering factors such as patient acuity, staff skill level, and workload demands.
- Increased remuneration and flexible work can mitigate some of the stress and dissatisfaction associated with working in a high-pressure health environment.

#### Theme 2: Mental and Physical Health of the Workforce

Need to prioritise the mental and physical health of clinicians so they can take care of others



**51%** said work has **negatively impacted their mental health** in the past 12 months



**45%** said work has **negatively impacted their physical health** in the past 12 months



In the last 12 months **50% of Millennials and Gen Z** have said work has **negatively impacted their physical health**



**46% of Millennials and Gen Z's** said work has **negatively impacted their mental health**



**70% of Junior doctors** (i.e. interns, residents and registrars) have said work has **negatively impacted their mental health and physical health** in the past 12 months

- The workforce is under significant pressure which leads to high stress levels and burnout. This can lead to an increased drop out of the profession, workforce shortages, poorer health outcomes for consumers and negatively impact the attraction of top talent into the healthcare sector.
- Organisations have an opportunity to address the mental and physical health impacts on their workforce, with particular focus on Millennials and Gen Z, which includes increasing levels of recognition and reducing high work demands.
- With a rapidly ageing population, increasing rates of chronic illnesses, and skyrocketing costs, the sector needs to be able to meet current and future demand. Without a robust and well workforce to underpin the system, the demand for services cannot be met.

## 1.3 Voice of the Workforce: Australian frontline clinicians (continued)

### Theme 3: Attraction and Retention of early career talent requires focus

Challenges in attracting and specifically retaining the next generation of healthcare professionals



**62%** with less than 5 years' experience don't feel valued by their workplace (compared to 30% overall)



**65%** with less than 2 years' experience will only stay with their employer for up to 2 years

→ Another 25% will only stay 2-5 years



The **top 3** elements Millennials and Gen Z are not satisfied with in their job are **pay, chances to progress their career** and the **reduced amount of time to engage with patients**

- Retention of talent is crucial to grow and develop staff into top quality clinicians. If healthcare can't retain early career talent, it may be detrimental to the patients and the organisation in the form of decreased continuity of care, increased training & onboarding costs and declining patient outcomes.
- Early career clinicians are seeking clear career progression, additional learning opportunities, more pay and more time with patients.
- Investment is required to retain the next generation for longer than two years. Without talent retention, the health sector will experience workforce shortages, operational disruptions and higher costs associated with using agency staff.

### Theme 4: Immediate leaders create safe environments, however there is a disconnect with leaders at the top

To increase retention and foster a culture ready for change, leaders can invest in their relationships with frontline clinicians and rebuild trust



**60%** agree their immediate leadership team have the right skills and capabilities to support them at work and create a psychologically safe environment



Only **41%** agree that the executive leadership at their workplace consults employees about critical issues that concern staff



Only **37%** agree executive leadership at their workplace can be trusted to tell things the way they are, with a further **27%** neither agreeing/disagreeing

- A disconnect exists between clinicians and executive leadership, a substantial number of clinicians feel like they are not consulted on critical issues and do not trust their leaders.
- To create sustainable change in the healthcare sector and retain talent, leaders can invest in relationships with clinicians by including frontline staff in their decision making, listening to feedback and actioning what can be changed. Leaders can lead with authenticity and build trust.
- Healthcare professionals have generally positive experiences with their direct line managers. More could be done to empower and support this relationship to enact and enable change in the sector.

### Theme 5: Adopting a human factors approach to work

Transform how care is delivered, simplify ways of working and digitise improved models of care



**74%** think that administrative tasks\* can be avoided entirely to redirect their time to higher value uses



**47%** expressed that indirect patient care activities^ can be safely & effectively allocated to another profession through a new workforce model



**50%** think that indirect patient care^ can be streamlined through better systems\*\*



**51%** of respondents feel that administrative tasks can be streamlined through better systems\*\*

- Engaging the workforce in system redesign and Healthcare of the future discussions is key to redesigning the work in a clinically safe manner and utilising emerging technologies such as AI to enable new ways of working.
- There is an opportunity to work with frontline clinicians to understand what tasks could easily be re-distributed to other roles, new roles or technology e.g. Generative AI, whilst not impacting on patient care and safety.
- Implement new workforce models that redirect indirect patient care and better systems to reduce the administrative burden so clinicians can increase time spent with patients.

\* Administrative tasks e.g. scheduling, rostering, auditing

^ Indirect patient care e.g. notes, reports, phone calls, ordering, meeting patient families

\*\*Through better systems e.g. potential for automation or time savings from effectively integrated systems

# Overview of Australia's healthcare system and its capacity challenges



## Top survey results



**76%** said their **workload had increased** since March 2020



**45%** attributed the increase in workload to a change in **demand on healthcare services**



The secondary contributors to the workload increase were seen as **staff availability (18%)** and **COVID-19 pandemic-related changes (16%)**

The Australian healthcare system is renowned as one of the best in the world<sup>3</sup>. However, even the best systems can become overwhelmed and ours is demonstrating its fragility. The macro issues affecting the system, and in turn the workforce, include an ageing and growing population, longer life expectancy, the burden of disease, shifting generational expectations, the cost-of-living and housing crisis, and a changing climate that worsens global health risks and impacts the delivery of equitable and quality healthcare. These issues were amplified by the COVID-19 pandemic, which has left its mark on the healthcare landscape.

## Frontline clinicians' perspectives on healthcare capacity

When asking survey respondents if their workload had changed since March 2020, 76% of respondents said it had increased, with 45% attributing the increase to a change in demand on healthcare services. The secondary contributors to the workload increase were seen as staff availability (18%) and COVID-19 pandemic-related changes (16%). Interestingly, nurses and midwives rated the lack of staff availability much higher than other professions. The Australian results are similar to the UK, where 87% of the NHS frontline clinicians also reported an increase in workload.

The top three contributors raised by clinicians – change in demand, staff availability and COVID-19 – align to the macro issues mentioned previously. Exploring the drivers relating to each point provides a greater understanding of the healthcare system's current capacity challenges and the experiences of both the workforce and consumers.

### 1. Change in demand on healthcare services

The changing demands for healthcare services centre on the evolving nature of integrated care and population health, creating a need to focus more on designing models of care and workforce requirements based on the needs of the population. The multiple factors driving this demand can be broken down as follows:

- Societally, the burden and complexity of disease sees 1 in 3 Australians living with long-term illness<sup>4</sup>, coupled with people living longer in an ageing and growing population, where people aged over 65 are rising and the number of people aged 65 to 84 years is expected to more than double.
- Generationally, there is a change in consumer expectations against a backdrop of technological transformation, calling for more coordinated and personalised support. Health activity is growing at twice the rate of what can be explained by population growth and ageing<sup>5</sup>.
- Structurally, there is a reduction in available family and social support, which is creating a pressurised environment for this overstretched sector, as well as adding to the bottlenecks in secondary care, furthered by primary, aged and community care strains too.
- Geographically, there is significant disparity across metropolitan, regional, rural and remote locations for Australians, with inconsistent access to clinicians and high-quality care outside metropolitan areas.
- Organisationally, there are growing demands for more robust clinical governance, compliance and regulation, combined with spiralling costs for service providers.



These overlaying factors paint a picture of an overburdened system that needs to prepare itself for Australia's population reaching an estimated 35.9 million by 2050 with the proportion of people aged over 65 increasing by 6% to reach just under a quarter (22%) of the population<sup>6</sup>. Based on figures from the ABS and National Health Funding Body, our 2022 'Australia's Health Reimagined'<sup>7</sup> report outlined that if the healthcare system does not evolve, our workforce must become four times more productive by 2050 to meet forecast demand. To put it another way, if current levels of productivity were held constant, the healthcare workforce would need to grow from 11% to 45% of the total Australian workforce to meet rising demand.

The insights provided by the CxO interviewees affirm the intertwined dynamics across the healthcare industry, including Australia's geographical disparities. As one CxO explained, doctors in regional Australia are often generalists, while in the metropolitan areas there are often far more specialists. Another CxO recognised Australia as lagging compared to the UK's NHS, where comprehensive, specialist services are effectively provided within communities. This emphasises the need to focus on the evolving nature of integrated care and population health, as well as more state-based and system-level workforce planning to ensure the right mix of capability and capacity to meet demand.

*"We need system reform...at a national level and system-wide. The collapse of primary care is imminent.... Incentives to go live and work regionally is not enough for what drives them [GPs]. We need to think of different models that help us take services where they are needed."*

**CxO, state-based health department**

### 2. Staff availability

With the growing demand factors in mind, the supply side is not keeping pace. Workforce supply is a critical issue that underpins the system-wide concerns and impacts the ability to provide high-quality accessible care. Globally, the experience is that there is too much work, not enough people and a decline in quality of services. Workforce supply is impacted by fewer students completing health degrees, a global shortage of available talent and more people leaving the profession at faster rates. In 2021, the World Health Organisation (WHO)<sup>8</sup> predicted a shortfall of ten million healthcare workers globally by 2030. These are mostly in low and lower-middle income countries, but all countries are facing difficulties with the employment, training, deployment, retention and performance of their healthcare workforce.

Australia's healthcare industry is following the same global trends. Despite funding for health and social care, including the NDIS which is currently the third largest program as measured by total general government sector expenses<sup>9</sup>, there continues to be escalating costs that more funding alone may not fix. And while we have more healthcare workers registered than ever before, we're still experiencing workforce shortages as demand outstrips supply. The country's workforce age profile is shifting and the participation rate is expected to decline from 66% to 64% by 2050<sup>10</sup>, lessening the pool of people available to fill the 67,500 vacancies currently across the healthcare and social assistance sector<sup>11</sup>.

As a high proportion of clinicians are nearing retirement, we aren't filling the gap at the same pace with our junior members of the workforce. We need more people to do the same work, before even addressing the growth in demand. But hiring more people to ease the pressure isn't as simple as that, nor affordable in the long run. Based upon Deloitte Australia modelling<sup>12</sup>, the challenge around Australia's pipeline of available talent is represented in the declining growth rate of enrolments in health degrees, falling to 3.9% in 2021 (from 10.1% in 2007). In addition, completion rates have dropped from second highest level of retention in 2005 to fifth in 2020. Similarly in the UK, several reviews highlight the increasing scale of student attrition, particularly due to financial pressures, including 33% of nurses who started their courses in 2018 did not graduate in 2021<sup>13</sup>. To stem the decline, organisations have an opportunity to improve the employee experience of early career clinicians; by improving their satisfaction with work and their likelihood to recommend their workplace and the sector to their friends, it may contribute to increasing enrolment, completion rates and a pipeline of the next generation of talent.

*"We've relied on altruism for too long in health. A connection to mission won't compensate for an otherwise emotionally draining career and work experience."*

**CxO, state-based health department**

A common theme throughout the CxO interviews is that the intrinsic motivator of altruism can no longer be relied upon as a sufficient replacement to extrinsic levers, such as improved remuneration, work-life balance and flexibility, in order for healthcare workers to remain in an 'emotionally draining career'. Employees are being impacted by the increasing workload, creating fatigue, burnout and mental health concerns, while also leading to an attraction and retention issue across all levels of the healthcare workforce.

As one interviewee said, "We're seeing a reduced reputation for a career in health, with a decreased number of people doing health degrees and more people exiting the workforce. The thinking used to be that 'it will be okay' because health is fulfilling or rewarding, but now people are moving into more attractive areas outside of healthcare."

As younger generations enter the workforce, this negative perception of working in healthcare aligns more broadly with a generational and societal shift in values that favour more flexibility and work-life balance, especially since the COVID-19 pandemic. Deloitte's global survey of Gen Z and Millennials in 2023 reported that younger employees' expectations of working in healthcare are remarkably similar to those across other industries, with a desire for good work-life balance and learning and development opportunities. It's time to better understand the needs and wants of the healthcare workforce, and new generations of workers, to develop an attractive and engaging employee value proposition that recognises the professionalisation of their roles.

*"Medicine is no longer seen as a vocation, it's a job... You can either fight it [the generational shifts] or celebrate it."*

### **Clinician and CxO, regional health service**

Without reform, Australia's healthcare industry risks lagging behind other industries that provide more attractive jobs and career pathways, both nationally and internationally. As noted by one CxO, we are in competition with the rest of the world for talent. In fact, we are losing 60% of nurse applicants to Canada because the (visa) process is too slow<sup>14</sup>. As noted in the 'Independent Review of Overseas Health Practitioner Regulatory Settings', the broad areas of reform to support an efficient end-to-end regulatory journey include improving the applicant's experience, expanding fast-track registration pathways, better workforce planning, greater flexibility, while supporting safety, and finally, enhancing regulator performance and stewardship. The aim is to bring in more workers, value the skills and experience of mid-career and specialised practitioners, and remove costly migration barriers, particularly for the areas needing more people.

### **3. COVID-19 pandemic related changes**

Finally, it goes without saying that the onset of the COVID-19 pandemic in 2020 severely disrupted the provision of health and social care, globally. Australia was not immune to these impacts. The imposition of lockdowns and social distancing effected every aspect of 'normal living'.

All sectors of healthcare, particularly hospitals, had to rapidly reorganise their services and many staff found themselves working long hours in new ways and in unfamiliar teams, while putting their own health and that of their families at risk.

The systemic and societal factors that were already plaguing the healthcare industry, such as vacancy rates and workforce shortages in rural, remote and regional communities, were amplified by a longer list of challenges associated with the pandemic. Existing workforce shortages were exacerbated by high levels of staff sickness absence and a reduction in international recruitment. The need to establish more sustainable and effective ways of working was realised intimately. The pandemic transformed the traditional face-to-face model of outpatients and primary care and expanded the use of telehealth and virtual consultations to maintain some level of services. However, there are still significant gaps in the digital health maturity of different service providers and calls for change to take place more holistically.

The healthcare workforce was front and centre during the pandemic and continues to be marked by the seismic shift in the way we think about healthcare. While people's appreciation of healthcare workers may have grown during the pandemic, the absence of suitable treatments and risk and fear of infection placed a huge strain on the physical and mental health of staff. While the world may have moved on, recovery from this period is ongoing for many clinicians.

As the survey respondents confirm, COVID-19 has contributed to an increased workload, as well as changed the landscape of work – how, when, where and by whom work is performed. The sentiment around work-life balance has shifted, in alignment to broader generational and legislative changes, and people now know and understand that they have more agency and options when it comes to integrating their work and personal lives. This has led to an unprecedented effect on the healthcare workforce, with many people either choosing to leave the profession, retire early or work reduced hours<sup>15</sup>.

*"There has been a generational shift in how much people want to work."*

### **CxO, state-based health department**

Given the capacity challenges and pressures affecting healthcare workers – from increased demand, to supply and staff availability shortages, and other residual pandemic impacts – the system cannot meet Australia's future health needs in its current form.

3.0

# Redesign

Immediate action should be taken by organisational and industry leaders to redesign ways of working, to make the growing workload easier to manage and to support employees to work smarter, not harder.

Strategic, effective and sustainable changes to ways of working include improved processes, reduced low value tasks, restructured teams, new technology implementation and partnerships across sectors. In addition, redesigned care models, including more day and virtual services, preserving capacity for those with higher acuity needs in acute facilities and introducing more community based care models outside the hospital walls. By creating capacity back into the workforce and providing opportunities for individuals to focus on higher value work, we can design work with wellbeing in mind, being intentional about the way we not only use improved process, data or technology to address demand, but design ways that build greater flexibility and balance for our healthcare workers.

These instrumental changes will provide flow-on benefits for the remaining 'Rs' in reimagining the healthcare workforce, particularly to help employees feel engaged, supported and satisfied, to meet demand and utilise skills for high-value tasks, and be attracted to work in the healthcare industry.

## 3.1 Redesigning ways of working

### Top results for Australian frontline clinicians



**66%** agreed that manual administrative tasks, such as scheduling, rostering and auditing, could be **redirected** to allow clinicians more time for higher-value tasks



**51%** rated the **ability to use their skills in daily work** as the top area of job satisfaction, followed by **work-life balance (36%)**



**68%** agreed that administration work could be safely and effectively **allocated to another profession** to redirect time to higher value tasks, such as through a new workforce model or new systems and technologies



**51%** agreed administrative tasks could be **streamlined through better systems**, such as automation or greater integration, to allow more time for higher value uses

→ **40%** also said indirect patient care, including notes, reports and phone calls could be allocated elsewhere

→ **50%** said indirect patient care would also benefit from streamlining

At present, the healthcare industry is trying to meet increased demand using old operating models, but a sufficient workforce simply doesn't exist to be able to do this. In addition, we heard from both CxOs and survey respondents that it's redundant to digitise the workforce based upon ineffective and outdated ways of working.

Reimagining the potential of workforce models and redesigning to optimal ways of working, based upon the preferences of clinicians and consumers, is key to reengaging and retaining employees, reaching new generations of healthcare workers, and driving system transformation. The burden of administrative tasks on clinicians is prominent throughout the survey results:

- 66% of respondents agreed that administrative-related tasks, such as scheduling, rostering and auditing, could be avoided entirely to direct clinician time to higher value tasks.
- 68% agreed that administration work could also be safely and effectively allocated to another profession to redirect time to higher value tasks, such as through a new workforce model or new systems and technologies.
- 40% also said indirect patient care, including notes, reports and phone calls could be allocated elsewhere.
- Finally, another 51% agreed administrative tasks could be streamlined through better systems, such as automation or greater integration, to allow more time for higher value uses.

*“The patient experience of the health system may be that it's the best health system in the world; as a staff member doing work in this system, it's as though we built the system to be hard. We use 10 systems to complete bookings compared to the digital experiences of doing your banking.”*

**CxO, regional public hospital**

There is a significant opportunity to build upon these results to create a satisfying environment that is sustainable in all its forms, where healthcare workers have flexibility and choice in how and where they use their time and skills.



As discovered through the interviews and survey responses, efforts are already underway to redesign work across the industry in the form of improved processes, reduced administration using technology, and partnerships across sectors with third party organisations, albeit more needs to be done. One example shared by a CxO detailed how staff are able to roster shifts and beds in the way they see fit and to create an environment for work-life balance, as long as patient safety is upheld.

Once a shift to modern ways of working has been achieved, digitising the workforce and implementing technology to alleviate pressure and support enhanced practices will have greater success. The right technologies, introduced and adopted effectively into the clinical pathway, can support clinicians to develop in flexible and innovative ways. Further, the right technologies can help to streamline tasks and processes, reduce the administrative burden, allow more time for higher value tasks, and support the shift to work in non-traditional care settings. However, if a holistic approach is not taken to understand the impact on roles and ensuring the physical and virtual worlds are blended with the right skill sets, there can be problems integrating new technologies into clinical practice. Clinicians should be involved in the procurement (if applicable) and design process, trained and equipped properly or there is a risk that stress and burnout will be exacerbated.



According to the CxO interviewees, healthcare's technological adoption and shift to modern workplaces has not occurred at pace to make jobs easier to do yet. In fact, the reality is that fax machines are still being used by some health service providers<sup>16</sup>. There may not be a 'one size fits all' model for health service providers. As one CxO remarked, micro transformations and pilots are important to test what works in terms of benefits to consumers and supporting employees in their roles. Nevertheless, examples highlighting the importance and benefits of augmenting the healthcare workforce are emerging.

Generative AI stands out as a new technology that can be harnessed to support the evolution of healthcare and ways of working, such as releasing clinicians from administrative tasks, rather than simply hiring more people for unsustainable and unaffordable workloads. Deloitte's Generative AI Dossier<sup>17</sup> outlines in detail how AI in health and life sciences can rapidly advance improvements in clinical decision-making, consumer navigation and system optimisation. The technology is already being used to fill gaps across the workforce, automate form completion or identify patients likely to be readmitted within a month of discharge.

The UK report also explores how virtual remote monitoring of less experienced staff by more experienced clinicians, covering activities such as patient education, discharge and monitoring from afar, has multiple advantages<sup>18</sup>. Experienced clinicians can improve the skills and confidence of newer healthcare workers, while retaining their roles with more flexibility, instead of retiring or otherwise.

The benefits of digital workforce transformation were acknowledged throughout the CxO interviews. As an interviewee said, "Our transformation is impacting attraction and retention. We've had significant uptake in attracting key roles, like data scientists. Clinically, people are knocking on our doors to work here. They know we're making work easy, which allows them to focus on what they want to focus on." In the end, a flexible and innovative mindset will support the development of redesigned ways of working that attract new employees and benefit future generations, rather than deliver more of the same.

*"We need different solutions and different thinking to apply to solutions."*  
**CxO, state-based health department**

*"If you keep looking out of the same window, you get the same view."*  
**CxO, state-based health department**

### 3.2 Actionable insights for Australian healthcare leaders to consider when redesigning:

- **Streamline processes to make work easier:** Ask clinicians which tasks could be redirected, improved, automated or stopped to release capacity and improve productivity. Identify the skills required to be able to deliver new or improved processes and re-skill the workforce.
- **Reorganise teams to combine specialisations:** Reorganise work teams by leveraging multidisciplinary and cross-disciplinary team profiles within the health system. Today's healthcare needs are becoming increasingly complex, requiring a change in how the workforce is structured. Multidisciplinary and cross-disciplinary team profiles enable collaboration, communication and deliver efficiencies by reducing duplication of effort and patient touchpoints. Cross-disciplinary work also provides healthcare professionals with further opportunities for learning and development, improving their job satisfaction.
- **Use technology purposefully to support decision making:** Invest in and utilise technology that enables clinicians to use the full range of their skills and enhances capacity for clinical care; for instance, optimising clinicians' workflows by removing low-value activities, such as reducing the number of EMR clicks, can be a quick win. Leveraging automation to reduce time spent on non-clinical work will produce results, and new work modalities, such as virtual nursing, that take advantage of remote work possibilities and lessen demands on bedside nurses.
- **Future-proof new ways of working:** As AI-enabled technologies, such as automated data management, become the norm within healthcare, organisations need to develop appropriate policies and guidance on using these technologies safely and securely. This includes having the right building blocks to harness the power of AI, such as the right IT infrastructure, talent, skillsets and alliances/ecosystems that enable organisations to develop and access the AI capabilities they require. Organisations need to ensure that they become skilled in both using and protecting against harm from these technologies.
- **Share cost-benefit learnings:** Evaluate the costs and benefits of changes to working practices and implementing safe staffing levels. Publishing the outcomes may support wider adoption of successful programs, further enabled by the development of a fully costed and funded digital workforce strategy. Prioritise benefits which release capacity and declutter work for clinicians.

# Reengage

Organisations should reengage the existing workforce by improving the employee experience, with a particular emphasis on psychological and physical wellbeing.

## 4.1 Prioritising wellbeing and the employee experience

### Top results for Australian frontline clinicians



**1 in 2 (52%)** indicated **work negatively affected their mental health** over the prior 12 months



**48%** flagged that **work negatively affected their physical health** over the previous 12 months



**71%** rated **increased pay** as the most impactful change to improve workplace experience, health and wellbeing



**The impact of stress** is most significant for those with shorter tenure periods (0-2 years), particularly junior nurses, midwives and doctors



**'Recognition and appreciation'** ranked second as an impactful way to improve the workplace experience for nurses and midwives



**#2** **'Administrative support'** was ranked second by doctors and allied health professionals in terms of ways to improve the workplace experience



**66%** of respondents attributed **high work demands** as the **top contributor to unhelpful feelings of stress in their role**, followed by poorly managed work procedures, and low levels of recognition and reward



**50% of Millennials and Gen Z** said work has **negatively impacted their physical health** over the prior 12 months, with 40% of the same demographic saying that work has **negatively impacted their mental health**



**70%** of junior doctors (including interns, residents and registrars) said work has **negatively impacted their mental and physical health** in the past 12 months



Healthcare work is taking its toll on employees, with 1 in 2 (52%) frontline clinicians saying work had negatively affected their mental health over the prior 12 months, and 48% saying it had negatively affected their physical health. 66% attributed high work demands as the top contributor to unhelpful feelings of stress in their role, followed by poorly managed work procedures, and low levels of recognition and reward. As one CxO commented, "The stress that goes on in our system is enormous." The distress appears to be most significant for those with shorter tenure periods (0-2 years), particularly junior nurses, midwives and doctors, presenting risks around the sustainability of Australia's healthcare workforce. This is the opposite to the UK survey data, where staff with longer tenures (11+ years) reported the highest instances of impact to their physical and mental health.

The severity of the issue of wellbeing, particularly on the new generation of health workers, was recognised throughout Australian CxO interviews. One commented, "Junior doctors have a poorer experience than others - they don't have security of employment, they work hard to get on a training program and if they don't get onto a program, they're in career limbo and there is high fatigue. We need to focus more on wellbeing in this space." This perspective on the importance of wellbeing is supported by Beyond Blue research from 2019<sup>19</sup>. As the UK report states, there is a compelling need to break this vicious cycle as a matter of urgency<sup>20</sup>.

*"More people are exiting the workforce due to being overworked and the work environment. Workplace stress, wellbeing and psychosocial support are more important now. People vote with their feet if they're unhappy and move into another sector."*

**CxO, state-based health department**

Based on the survey responses, frontline clinicians are overwhelmingly attracted to work for an organisation with a positive working environment. This entails a variety of factors and initiatives, both monetary and non-monetary in value, such as work-life balance, culture, flexibility, training, support, recognition and remuneration. Increased pay was rated by 71% of frontline clinicians as the most impactful change to improve work experience, health and wellbeing. Similarly, 40% of respondents rated pay as the top reason for dissatisfaction, consistent across all occupation and tenure groups within Australia. However, in the UK context there is some variation, including 'work-life balance' placing second as an area of dissatisfaction.



Remuneration is always key to giving people a sense of value and retaining and attracting employees across any industry – and in the context of healthcare, perhaps a necessary, overdue correction for some professions. However, considering the serious pressure and implications of the healthcare work environment, ongoing pay increases alone are not enough, nor affordable for the industry. The 'employee experience' needs to be much broader to address these working environment challenges in equal measure and improve physical and mental safety at work, through appropriate safeguards and support. At a regulatory and legislative level, there is already progress to establish the non-negotiable ways for employers to eliminate or minimise psychosocial hazards at work, through Safe Work Australia's Managing Psychosocial Hazards at Work Code of Practice. The real challenge lies in how this is interpreted and implemented on the frontline.

When reviewing survey responses by occupation, 'administrative support' was ranked second by doctors and allied health professionals in terms of ways to improve the workplace experience. This speaks to how the employee experience for existing employees is framed by not enough support – including staff and other resources – to manage the overwhelming workload. Meanwhile for nurses and midwives, recognition and appreciation ranked second as an impactful way to improve the workplace experience. Similarly, 28% of respondents, predominantly nurses and midwives, rated recognition/appreciation as an area of dissatisfaction. As explained in the UK report<sup>21</sup>, the pandemic brought about a wave of ways to recognise and reward NHS staff, which had a negative effect on staff when removed. Instead, for the organisations that have maintained these initiatives permanently, it's resulted in positive experiences for staff wellbeing.

Evidently, healthcare workers have identified room for immediate improvement to better engage employees and enhance the workplace experience. Meanwhile, in terms of how CxOs perceive the state of the employee experience across Australia's healthcare industry, there is some awareness of the work to be done. When CxOs were asked to rate the clinical employee experience, hospital CxOs rated it 4 out of 10, government health departments 6 out of 10, and primary care 5 out of 10 on average. When asked to rate the clinical employee experience in their own workplace, responses were on average 6 out of 10.

Aside from contributing to the attraction, engagement and retention of clinicians, research has shown that focusing on employee experience can also have a positive impact on patient outcomes. An analysis of six years of data from more than 80 hospitals in Victoria found that "happier workers improved hospital performance in terms of hospital costs, treatment effectiveness, and hospital acquired infections and conditions"<sup>22 23</sup>. There are many compelling reasons that should motivate organisations and industry leaders to establish a safe and engaging employee experience, especially to eliminate or minimise the distress being experienced by frontline clinicians.

*"We're prioritising the employee experience just as much as the patient experience."*  
**CxO, regional health service**

## 4.2 Actionable insights for Australian healthcare leaders to consider when reengaging:

- **Reward, recognise and appreciate:** Prioritise the human factors that motivate employees and influence health, wellbeing and job satisfaction. Maintain initiatives that recognise, reward and appreciate staff, with many of these resources and initiatives introduced during the pandemic to improve staff morale and confidence when wellbeing was compromised.
- **Listen, hear and act:** Develop regular opportunities for staff to be listened to, especially by senior leaders, including staff engagement activities and career development conversations, with a focus on satisfaction. To support these initiatives. It's important to instil a listening and learning culture, where leaders regularly gather feedback outside of annual/biannual organisation-wide surveys. The feedback should be captured, actioned and progress reported on periodically to employees. This all contributes to career growth, performance and employee engagement.
- **Bespoke engagement for all generations:** Adopt bespoke engagement approaches to tackle the retention of more junior staff, while demonstrating a clear understanding of the different motivators of different generations.
- **Do things differently:** Encourage innovative thinking to engage employees in positive pro-active ways as part of new solutions. Some healthcare service providers are building their own internal supply of clinicians who can be reassigned temporarily during times of peak demand.
- **The future is now:** Explore ways to modernise workplaces and improve the employee experience through more efficient, digitised people services. Help to build trust and engagement by including front-line clinicians in the prioritisation of which problems to solve and co-designing solutions.
- **Wellbeing is everyone's business:** With psychosocial mandates in place, organisations are obligated to provide safe workplaces with sufficient supports to mitigate health risks at work. Beyond the HR department, leaders, managers and employees can also help lead the charge on wellbeing and the employee experience. Leadership programs should equip participants with the tools, information and resources to create supportive, inclusive environments for staff and promote positive experiences.

# Retain

The ongoing retention of the healthcare workforce will be achieved by continuing to listen to, understand and address clinicians' evolving needs and wants, especially for younger generations with a desire for greater purpose and flexibility.

The aim for organisations over the short- to medium- term is to establish a sustainable, satisfying and attractive environment and to avoid losing knowledge and skills, the cost of replacement, and impacting culture through attrition.

## 5.1 Focusing on sustainability, satisfaction and flexibility

### Top results for Australian frontline clinicians



**69% feel valued** by their workplace. But **62% with less than five years' experience don't feel valued** by their workplace



**30% of Millennials and Gen Z** indicated they would stay in their **current workplace for less than two years**



**72%** had intentions to **continue working with their current employer** for more than two years, while 28% indicated continuing for less than two years



**71% considered changing their employment** in some form over the previous 12 months, including 2 in 5 who had considered reducing their hours to part-time



**65%** with **less than two years' tenure** in their current workplace will only **stay with their employer for under two years**, and another 25% with this tenure will stay for two to five years



**1 in 4 (24%)** had considered **leaving their profession and changing careers altogether**, with nurses and midwives making up 42% of this result. Majority of these respondents considered this change in the first two years of their careers



**Pay** was rated as the **top area of dissatisfaction**, consistent across all occupation and tenure groups within Australia

At a high level, the survey results uncover a somewhat positive story for the current clinical workforce in terms of job satisfaction and sustainability. 72% of frontline clinicians indicated intentions to continue working with their current employer for more than two years, while 28% flagged continuing for less than two years. 79% of the frontline clinicians responded positively in terms of job satisfaction, with allied health professionals the most satisfied (82%), followed by doctors (80%) and then nurses and midwives (72%). Similarly, 60% of frontline clinicians would recommend their workplace as a good place to work and 69% feel valued by their workplace.

When you start to break down the drivers of the results by occupation and generation, we become aware of the need to ensure action is taken to respond to the shifting generational, societal and environmental challenges and preferences. In terms of areas of satisfaction, nurses and midwives rated 'the support I receive from my immediate colleagues (team/manager)' higher than other professions. For doctors, 'recognition and appreciation' ranked higher than other professions. Meanwhile, for allied health professionals, 'sense of fulfilment/making a difference' ranked higher than the other professions.

Concerningly, 1 in 4 people (24%) had considered leaving their profession and changing careers altogether – and nurses and midwives made up 42% of this result, with the majority in the first two years of their careers. This result was similar in the UK, with NHS interviewees affirming that they were increasingly concerned about attrition of staff in the first few years after joining the NHS, particularly in the first 12 months.

In comparison to the UK survey results, one of the more interesting outcomes is that the most dissatisfied group within Australia is clinicians with 0-1 years' experience, while in the UK those with longer tenures – more than 20 years – tended to express the least satisfaction. Conversely, the most satisfied group in Australia is those with 11-20 years' experience, whereas in the UK it is the 0-5 years group. For Australia's healthcare system in particular, this highlights a significant issue for the sustainability of the workforce, risking loss of skills and knowledge, greater costs to replace employees, and higher turnover due to poor culture. A targeted approach to enhancing job satisfaction for those at the start of their career needs to be implemented, with a focus on the drivers of this dissatisfaction – namely 'chances to progress my career', which ranks more highly for those with less experience.



The preferences and behaviour by employees with less experience broadly align to Deloitte's 2022 Gen Z and Millennial Survey, which found 40% of Gen Zs would like to leave their jobs within two years and one third would do so without another job lined up, especially if the role doesn't align to their values. Similarly, this report's survey respondents found 30% of Millennials and Gen Z would stay in their current workplace for less than two years. These generational shifts, centred on a desire for greater purpose and flexibility, are a matter all industries and organisations are trying to adapt to, in order to retain and satisfy their younger cohorts, but ultimately with benefits for all employees.

Beyond the younger employees, 71% of respondents overall considered changing their employment in some form over the previous 12 months, including 2 in 5 who had considered reducing their hours to part-time. Flexibility is clearly an important component that healthcare workers require more broadly, particularly since the pandemic, and organisations should provide it as part of making improvements to the workforce experience. However, while societal expectations have changed around hybrid ways of working, this is still a point of difficulty for the healthcare industry as frontline clinicians may be unable to work from home. Nevertheless, there are a range of adjustments that can be made by organisations, including greater accessibility to better hours and effectively managing temporary staff and job vacancies.

*"Nurses are leaving like we've never seen before."  
CxO, regional health service*



## 5.2 Actionable insights for Australian healthcare leaders to consider when retaining:

- **Know your employees:** Understand the nuanced ambitions for different professions, at different stages of their career, in order to apply bespoke multi-professional approaches and strategies to training and development that also reflect the diversity of the workforce and can benefit from shared learning.
- **Inject flexibility into work:** Enable flexible working options which may include flexible schedules, shorter shifts or job-sharing work models. Organisations should consider the systems, processes, technology and leadership support required to formalise this change.
- **Support employees with modern structures:** Introduce robust systems and processes to enable managers and employees to accommodate flexible working arrangements – such as using electronic rostering and job planning software to build and plan rosters – and reap the benefits of improved productivity, quality of care, staff wellbeing and cost savings.
- **Detail in the data:** Use comprehensive real-time workforce data and insights to monitor engagement and improve retention. Consider how to enable data interoperability within your organisation, to better understand your workforce's recruitment, onboarding, engagement and retention metrics, as well as develop safer staffing models.

# Reach

Improve the industry's outward reach by prioritising investments that enhance professional and industry capabilities through training models, career pathways and redefined scopes of practice, that develop an accessible, modernised workforce, where the best and brightest choose to work.

## 6.1 Prioritising investment in enhanced training models and career pathways

### Top results for Australian frontline clinicians



**51%** rated the **ability to use their skills** in daily work as the top area of satisfaction



**71%** rated **increased pay** as the most impactful way to improve workplace experience



'**Chances to progress career**' is the top driver of dissatisfaction for clinicians with 0-1 years' experience, who are also the most dissatisfied group



**28%** of respondents, predominantly nurses and midwives, rated **recognition/appreciation** as an **area of dissatisfaction**



**71%** considered **changing their employment** in some form over the previous 12 months, including 2 in 5 who had considered reducing their hours to part-time

Healthcare is experiencing a reputational challenge, where it's struggling to attract those entering Australia's workforce, particularly in competition with other industries nationally and internationally. The declining health degree completion rates and enrolment growth rate is heightened by limited access points into the industry, a lack of focus on the jobs really required for the future and disconnected, inconsistent career and training pathways between the different State and Territory systems.

While there are a variety of training initiatives on offer by each State and Territory government, providing financial incentives to enter the healthcare workforce (**see figure 1**), these may also be ineffective due to the overarching generational and societal change in perception of working in the industry.

*"We're seeing a reduced reputation for a career in health, with a decreased number of people doing health degrees and more people exiting the workforce. The thinking used to be that 'it will be okay' because health is attractive, but now people are moving into more attractive areas."*

**CxO, state-based health department**

From the perspective of the survey respondents, improved investments should centre on increased pay, with 71% of frontline clinicians rating this as the most impactful way to improve workplace experience. Of course, this can help in the pursuit of talent to prevent further staff shortages. However, it can be a one-sided short-term response that impacts financial sustainability for an already overwhelmed system and doesn't address any root causes of the problems being experienced. According to Deloitte Australia's Healthcare CFO Survey 2023, 48% of healthcare service providers are experiencing higher-than-historical pay increases for their staff, driving increased operating costs overall, despite anticipated revenue growth<sup>24</sup>. Remuneration is one part of a larger picture, alongside different factors that contribute to a positive working environment and employee experience. For frontline clinicians, this entails work-life balance, culture, flexibility, support, recognition and training.

By reprioritising investments to support professional and industry capabilities, it would mark a move away from inflated investment in infrastructure. As noted by one CxO, "The biggest part of a health budget is people – it's more important than bricks or tech.... we need to stop building new hospitals and invest in digital health and training the workforce in its use." In the context of changing healthcare demands, there are projections that Australia needs to build 375 hospital beds per month for 15 years<sup>25</sup> to meet demand and replace ageing hospital bed stock. This is not sustainable or feasible to achieve from an infrastructure or financial perspective. Given current workforce pressures, the ability to find the necessary healthcare workers to activate and expand capacity is even more challenging. This challenge extends beyond traditional healthcare settings and applies to fast growing sectors including disability, primary care, mental health and aged care.

It's important for the healthcare industry to plan ahead and improve the supply of skilled workers – to meet future demands, address forecasted staff shortages, enhance opportunities for career progression and recognise changing workforce requirements. The aim is to reach the best and brightest, entice them to join an attractive healthcare industry and develop a modernised workforce, particularly with a focus on technology.

This involves making effective long-term investments into professional and industry capabilities, through enhanced training models and career pathways, so that healthcare workers are adequately prepared with the necessary skills and tools to care for future generations. Complementarily, if the capabilities of the healthcare industry were improved by reskilling employees, it may in turn create more capacity to focus on growing and nurturing the workforce. Of course, any improvements focused on reaching potential healthcare workers would still have immense benefits for the existing workforce, who are equally essential to the sustainability of healthcare.

When developing training models for healthcare workers, in partnership between healthcare organisations and academic institutions, it will be important to focus on the skills needed for modern work, as the demand for healthcare services grows and transforms. For example, clinicians need to possess a hybrid of high-level interpersonal skills and digital literacy to support new models of care and build a resilient workforce. This is driven by the increasing use of automation and new technologies, the changing physical settings for the delivery of healthcare services, and the shifting and reorganisation of tasks to be completed by clinicians. While professional training has always been a key route into the clinical workforce, it requires significant financial investment and is not a 'quick fix' for staff shortages in the short-term. As outlined in the UK report, NHS interviewees identified a growing appetite to adopt more flexible approaches and routes for entering employment – something for Australia's healthcare system to learn from.

Satisfying career pathways for upcoming and existing healthcare workers should be varied, enabling access to the workforce and room for progression, with the support of modernised HR services. 'People professionals' should give particular attention to the newer generations of healthcare workers within the first year of their career, as they desire improved chances to progress their career, with this ranked as the greatest area of their dissatisfaction. Nurses and midwives at the beginning of their career, more specifically, are at the greatest risk of leaving the profession and changing careers altogether, largely due to feelings of dissatisfaction in terms of recognition and appreciation. Finally, flexibility will be key to enhancing career pathways and industry attractiveness, as 2 in 5 are considering reducing their hours to part-time.

Another key contributor to renewing career pathways and progression, and improving the healthcare industry's value proposition, will be redefining or expanding scopes of practice. It's expected that scopes of practice for clinicians will evolve over time, as the need for new knowledge, skills and experience grows. Redefining or expanding scopes of practice entails developing strategies for alternative career and workforce models, breaking down siloed professional boundaries in clinical practice and taking a skills-based approach to thinking about roles, beyond the typical scope. It should still include a focus on safe work procedures and support clinicians to operate effectively, lawfully and safely, while enabling them to practice flexibly at the top of their scope. As established previously, the top area of satisfaction for 1 in 2 clinicians was having the ability to use their skills in daily work, rather than spending majority of their time on administrative tasks.

Other examples of redefined scopes of practice blend the virtual and physical worlds through the right skills, tools and roles, such as creating Chief Virtual Care clinicians, or equipping more pharmacies and nurses to prescribe, which we witnessed during the pandemic. To limit the effect of extending roles too far, one CxO cautioned that "just because someone can, doesn't mean they are the best person for the job", in relation to using nurses to replace medical roles, as it can then cause a gap elsewhere in the workforce. Another CxO elaborated on the approach needed to redefine scopes of practice, advising that "workforce planning should start from an outcome-focused perspective... based on what the society needs are and how we meet those needs... rather than based on existing silos per profession."

**Figure 1**

#### **Federal and State Government health workforce initiatives**

Across Australia, governments are exploring a range of policies and strategies, aimed at improving attraction to critical areas of shortage and retaining healthcare workers, which includes:

- Free university and specialist training for nurses and midwives in Victoria. The GP Grant Program in Victoria is also encouraging doctors to become GPs to strengthen the primary care sector, offering up to 800 grants to eligible doctors as a financial incentive.
- Workforce attraction incentive scheme for healthcare workers to move to Queensland and to take up jobs in regional and remote locations.
- Study assistance financial subsidy to support public sector nurses and midwives in South Australia in undertaking professional development.
- Tertiary Health Study Subsidies in NSW to incentivise students to enter the NSW Health workforce by reducing financial barriers to study.
- Western Australia's Country Nursing and Midwifery Incentive Program with payments designed to attract and retain new and existing nurses and midwives to work in the country for longer.
- The Nursing, Midwifery and Allied Health Study Incentive Program in the ACT to support new and existing students studying eligible qualifications.
- The Independent Review of Overseas Health Practitioner Regulatory Settings aims to improve the applicant experience, expand 'fast track' registration pathways, enable better workforce planning, provide greater flexibility while supporting safety and enhance regulator performance and stewardship.
- Unleashing the Potential of our Health Workforce Review is an independent Scope of Practice Review examining the barriers and incentives health practitioners face working to their full scope of practice in primary care. The final report is due to be released in October 2024.



## 6.2 Actionable insights for Australian healthcare leaders to consider when reaching:

- **Collaborate to compete:** Collaborate across industry, colleges and education providers, and recruitment agencies to develop new and effective pathways into clinical careers that are competitive with other industries, heeding the advice and wishes of younger generations entering the workforce, with changing views and values.
- **Widen the net:** Provide a variety of development opportunities, including apprenticeship training, continuous professional development, secondments, work shadowing, mentoring and coaching, internal transfers, job rotations across organisations, sites and departments, as well as return to practice programs to improve the number of people considering a healthcare career.
- **Skills for all settings:** Develop future generations of clinicians with inter-disciplinary, multi-faceted skills needed outside of traditional care settings, and focus on developing competencies, rather than simply completing 'hours of training'. Evaluate what works and why in terms of redesigning education and training approaches and scale the adoption of good practice. In particular, align education and care delivery to emerging technologies, for example, using virtual reality to support simulation training, broaden career choices, and build student experience, social skills and confidence before entering the workforce.
- **Make a good impression with a modern workplace:** Develop modernised HR and people services, including the use of e-job planning, e-rostering, e-recruitment, and optimised onboarding, not only to save time and resources, but also to improve first impressions and experiences for new employees and ensure vacancies are filled efficiently. Similarly, modernise people plans and an organisation's leadership capabilities in consideration of what can be offered to employees. This includes equal pay and opportunities, non-financial benefits, mentoring, supervision, appraisals and flexible working arrangements, especially in the early stages of a career and during key career transitions.
- **Promote top of scope working:** Deploy healthcare assistants where appropriate to undertake the general tasks so that other healthcare professionals can undertake specialised tasks that require their full scope and utilise their strengths and skills. For example, in a hospital setting, an allied health assistant can help mobilise a patient, while the physiotherapist designs and creates the exercise plans that increase and retain mobilisation. Additional investment into healthcare assistants can make it easier to support flexible working arrangements for healthcare professionals without compromising patient care.
- **Be bold and consider what's possible with workforce planning:** Utilise workforce plans to consider what workforces will need to look like in 10 years' time and explore the impact that any decisions made today will have in 3, 5 or 10 years. Be bold and strategic in how you plan ahead and revisit these plans regularly.
- **Enable agile career moves:** Expand multi-professional credentialling to enable clinicians to access different career opportunities, develop new capabilities and shift or expand their scope of practice more easily. This may require regulatory collaboration to achieve its redesign. Change the focus for talent development and career progression to be on competencies and skills that deliver consumer outcomes, rather than simply on roles.
- **Improve diversity of talent:** Implement targeted attraction campaigns that improve diversity across the healthcare workforce, including racially and culturally diverse groups, who have historically been underrepresented in medicine and other clinical fields. Having a workforce that represents the 'tapestry of our communities'<sup>26</sup> is important as patients who trust their clinicians are more likely to adhere to treatment plans and focus on preventative care.

# Reform

The longer-term focus for organisations, industry leaders and government will be to reform the healthcare system more holistically, using the perspectives of the workforce to co-design solutions that are both tech-enabled and based upon human factors.

Reform concerns not only the workforce, but also how care is provided and the systems and resources that support it, which are, of course, delivered by healthcare workers. Re-envisioning the system raises the following questions: how do we deliver care differently, including the physical settings? What is the role of technology? How do we enable solutions?

Further, how does leadership and culture guide the industry through change? How do we empower individuals to take greater responsibility for their health? By taking a holistic, strategic approach to system and workforce reform, in consultation with employees, it will have a cascading effect on workforce challenges and requirements.

## 7.1 Transforming to new models of care, digitising an enhanced system

### Top results for Australian frontline clinicians



**56%** agreed their workplace is open to adopting new technologies to make daily work easier



The top two responses for which technologies clinicians see as helping to improve the quality of patient care included **EMR and Virtual Care**. A proportion did not see technology playing a part, with a **desire for more human interventions** instead



**74%** agreed that **administrative tasks** e.g. scheduling or rostering **can be avoided entirely** to redirect time to higher value uses



**Administration (71%) and Indirect Patient Care (47%)** were rated the highest by clinicians as tasks that could be **effectively allocated to another profession**



**Administration (57%) and Indirect Patient Care (54%)** were rated the highest by clinicians as tasks that could be **safely streamlined through better systems**, with the potential for automation to create time savings

As demand grows, we won't be able to find the healthcare workers needed to provide this level of care – nor should we as there are better ways to deliver high quality, accessible healthcare and improve patient outcomes. The issue of ongoing investment in ineffective models of care, coupled with financial sustainability concerns for the healthcare industry, calls for a new change in perspective. One that focuses on transforming to new models of care across sectors and government and in turn, digitising an enhanced system.

With the rise of non-traditional sites for care, such as pharmacies, the home and virtual care settings, healthcare organisations now have more options than a traditional doctor's office to achieve their goals. Consumer preferences will continue to force this transformation, ultimately to make healthcare smarter and the workload easier for both patients and clinicians – with examples across other industries, such as banking, retail or travel, in terms of how the generational shift has changed the way services are engaged with and delivered, amplified by the internet, data and technology.

With the survey results in mind, there is an important distinction to make about how much technology should be relied upon as the 'entire answer' for healthcare system reform, particularly from the perspective of healthcare workers. 56% of clinicians agreed their workplace is open to adopting new technology to make their work daily easier; and when asked which technologies are helping to improve the quality of patient care, the top responses were virtual care and Electronic Medical Records (EMR). However, a number of clinicians reported that they are not experiencing the benefits of existing technologies:

- *"These [technologies] are not improving quality of care, they are just adding to the administrative burden."*
- *"We are poorly trained, have limited ability to fund and have no time to engage with patients using mobile tech. We also need to support patients and practice digital literacy."*
- *"None make work simpler or achieve a situation of 'less is more!' We are surrounded by the 'noise' of technology and data - interpreting this and having the resources to answer the questions it creates is the problem!"*

Based upon further feedback from frontline clinicians, they identified more people, training, funding and quality of services is required, instead of inaccessible technology and systems that create additional administrative burdens without addressing the actual problems experienced by the workforce. While more funding alone may not be the answer to overcome the structural issues impacting the system's capacity and capability to deal with growing demand, more disconnected technologies and systems that just add noise aren't the answer either. When compounded by time poor staff with little training to learn how to use the system or teach patients digital literacy, it can cause more problems.

These results highlight that technology is one part of the solution in terms of enabling change, but it needs to be led first by transforming models of care – and as previously discussed, redesigning ways of working. Following this, steps can be taken to digitise an enhanced system, rather than digitising old models of care. As one frontline clinician commented, "Technology does not effect change and efficiencies on its own. Humans and processes need to plan and change themselves to actually utilise and realise the benefits of technology." A CxO interviewee also spoke to this sentiment, articulating that technology is not a solution on its own but helps to understand an issue and for a solution to be designed around that.

As this report has iterated, the workforce is pivotal in the context of driving and achieving broader healthcare transformation. As the providers of care, ensuring that clinicians can optimise their use of new technologies is a crucial factor. While there is a large body of research evaluating the impact of automation and technology on the patient, there is less evidence about the impact on clinicians. As such, change needs to occur in consultation with the workforce to learn what works, supports employees in their roles and makes healthcare a better place to work. Similarly, transformation needs to be in response to shifting generational and societal needs and wants, particularly to empower greater personalised and preventative care for consumers.

Taking a more holistic, strategic approach to system reform, rather than emphasising technology-enabled care alone, may build trust and confidence in technology and improve adoption, which remains fragmented. As mentioned, essentially 1 in 2 frontline clinicians believe their workplace is open to adopting new technologies. The divide across healthcare in terms of technology adoption can be viewed as a difference of experience between healthcare workers with shorter versus longer tenures, as well as between metropolitan and non-metropolitan locations. Through our CxO interviews, many spoke to the impacts of this divided relationship with technology.

*"There is a challenge of multi-generational experience in the workforce. Those with a shorter tenure tend to be more supportive of new technologies, while those with longer tenure can be resistant. Managing this journey of change is critical"*

**CxO, state-based primary and urgent care service**

*"We're paper based, so clinicians who come from an organisation that has an EMR feel like they're stepping back in time. We're getting there but we're not there yet. It's an added factor when competing with metropolitan hospitals for resources"*

**CxO, regional health service**

Australia is not alone in this situation. As outlined in Deloitte UK's 2019 report<sup>27</sup> 'Closing the digital gap: Shaping the future of UK healthcare', there was a gap in the digital maturity of hospitals and other providers across the NHS, which was widening in terms of policy ambition and the reality on the ground. While admittedly it is a pre-pandemic report, NHS interviewees at the time believed it would take more than ten years to achieve a fully digital health system, with funding, leadership and interoperability the three major challenges to overcome.

As the maturity of Australia's digital healthcare infrastructure varies too widely at the moment, it is preventing optimisation of the benefits that technology can deliver. It will require engaging consumers and workforce to build momentum and embrace flexible and innovative service models of care, combined with enhanced skill mixes across the workforce, that address actual needs and maintain standards of patient comfort and safety, quality and efficiency. In turn, the aim is to overcome the regional disparities and multi-generational differences in opinion. If holistic system reform can be improved, bringing everyone on the journey, there will be sustainable benefits to be gained from digitising an enhanced, mature system.

*"We know what we need to do. The biggest challenge we have is we're not equipped as a sector with a change and innovation mindset."*

**CxO, state-based health department**

Nevertheless, awareness of new technologies and their benefits are growing – as evidenced by frontline clinicians rating both EMR and virtual care highly in terms of improving the quality of patient care. These technologies are known to improve efficiency and release more time for clinicians to spend on patient care. Combining EMR or virtual care with the use of Gen AI presents greater opportunities to develop a hybrid and integrated approach to delivering healthcare services, safely within a framework that also supports healthcare workers.

For example, clinicians could use Gen AI to compile and organise information that is scattered across multiple records in a myriad of formats to accelerate and augment critical thinking, and perhaps identify patterns that are too subtle for a human to recognise.<sup>28</sup> The capacity, capabilities and use cases of AI in healthcare are only just emerging but suggest real promise; however, the concerns around data privacy and cybersecurity still warrant attention going forward.

## 7.2 Improving culture and leadership across the healthcare system

### Top results for Australian frontline clinicians



**59% disagreed or were neutral** that **executive leadership** at their workplace **consults employees** about critical issues that concern staff



**63% disagreed or were neutral** that the **executive leadership** team at their workplace **can be trusted** to tell things the way they are



**67% agreed** that they **can discuss issues** in the workplace with their manager in an open and honest way



**60% agreed** that their immediate **leadership team have the right skills and capabilities** to provide support at work and create a psychologically safe environment

The final critical issue requiring attention is the industry's systemic culture and leadership – underpinning the future of healthcare and pivotal in reimagining the clinical workforce and healthcare system. While technology is an enabler of redesigning the healthcare system and workforce, we need to get the human factors right. Good leadership, the culture of an organisation and the delivery of high-quality care are inextricably linked; as leaders influence a supportive, flexible culture which can determine employee experience, engagement, wellbeing and effectiveness, and in turn lead to improved patient outcomes.

Healthcare workers know what they need and leadership has a responsibility to pay attention and listen. As the UK report outlined<sup>29</sup>, without the development of a listening culture by leaders, it has a detrimental impact on staff resilience, wellbeing and consequently retention. Unfortunately, when the survey respondents were asked if executive leadership at their workplace consult employees about critical issues that concern staff, 59% disagreed or were neutral. Similarly, when asked if the executive leadership team at their workplace can be trusted to tell things the way they are, 63% disagreed or were neutral. On a more positive note, 67% agreed that they can discuss issues in the workplace with their manager in an open and honest way. Similarly, 60% agreed that their immediate leadership team have the right skills and capabilities to provide support at work and create a psychologically safe environment.

Using the CxO commentary to further explain the dilemma of poor culture from their perspective as leaders, there are common reports that those with little experience have moved into leadership roles amplifying inadequate leadership and middle manager dynamics. Resolving the cultural problems that exist will require investment in people and a rebuilding of trust in leadership. 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<sup>30</sup>.

With awareness of these issues, there appeared to be three clear areas of focus throughout the CxO interviews to improve culture and leadership, including:

- Fostering psychological safety and trust for their teams
- Evolving clinical governance structures to include all levels in decision-making and adopting cross-functional governance approaches
- Amplifying and focusing on human skills such as empathy, which is especially important in today's digital revolution.

As one CxO interviewee explained, "Asking staff what the problems are and addressing it is our focus... People in my team are from the frontline and we build the system around them to solve the problem because they have lived it." Despite these good intentions and efforts, evidently it's not consistent across the industry and it's easy to revert to old tactics to solve today's challenges when next steps are uncertain. There is a significant opportunity for all leaders to learn how to take action and make meaningful progress together.

While the survey results provide insights into the cultural experiences of our frontline clinicians, the healthcare industry's leaders are also experiencing difficulties. "There's so much churn at this level that some have fallen into the roles... Efforts to upskill them have not worked which then impacts sustainability," explained a CxO interviewee. There is a lack of a sufficient pipeline of highly skilled and deployable leaders, with this experience being felt in the UK too.

To counteract the situation, one CxO interviewee detailed how they have rolled out an organisational leadership program to find the necessary skills and solutions outside of the healthcare industry and to develop a pipeline of skilled senior leaders. Providing support to senior leaders to develop professionally is crucial, ensuring they have the time and space to make a difference, to focus on difficult decisions and to become compassionate leaders. This level of leadership support needs to be embedded at a system level, nurturing the next generation of leaders by identifying, developing and supporting those with the ability and ambition to reach senior levels in their career. The development of strong leaders is also crucial to lead the healthcare industry through a looming period of disruption and change.

Finally, beyond the organisational level, initiatives to improve culture and leadership across the healthcare industry will be limited unless the systemic barriers to change are addressed. While the survey results allude to these concerns, the CxO interviews provide greater detail about the structural issues, including institutional hierarchies, that require attention to achieve change.

*"The benefit of money declines over time once you have enough. Instead, power dominates in healthcare.... In medicine and nursing there are very strong hierarchies that need to be broken down."*

#### **CxO, state-based health department**

*"Doctors recognise that we need structural changes to address some of the issues – it's not in the hands of people locally."*

#### **CxO, regional local health district**



While professional bodies play an important contributory role to the industry, they also heavily influence policy, professional scope of practice and supply of workers, which is why it is important for organisations and professional bodies to work closely together. There is an opportunity for greater collaboration across the industry between all key stakeholders, to redesign models of care and workforce requirements based on population needs. Taking the initiative to evolve together with a focus on better outcomes for both workers and patients.

Last, but certainly not least, interoperability is vital to reforming healthcare services. Interoperability typically speaks to technology and system integration across the healthcare industry, but it should also apply to greater collaboration, connectivity and cohesiveness between healthcare stakeholders and institutions, enhancing the culture and leadership that will guide the industry through system reform.



### 7.3 Actionable insights for Australian healthcare leaders to consider when reforming:

- **Rethink where care is delivered:** As more care moves out of hospitals and into outpatient and other alternative sites of care, be smart about staff allocation and preparation and design staff development programs accordingly. In parallel to the long-term national workplace planning supported by appropriate funding more broadly, organisations should develop bottom-up workforce plans that reflect new models of care and highlight the potential impact of innovations and digital transformation on employees.
- **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. Involve frontline clinicians in leadership roles and engage practicing clinicians on committees.
- **Implement a skills-based system:** As clinicians build their skills and experiences, instil the required systems to capture these skills across health systems. Use centralised databases to inform areas for skill development and to enable targeted deployment for critical skills in emergencies or to unlock hidden capacity, which improves productivity and clinicians' satisfaction at work.
- **Nurture the next generation of leaders:** With a focus on mental health support and career development structures, take a systemic approach to identifying, establishing and supporting those with the ability and ambition to reach the senior levels in healthcare.
- **Sharing is caring:** Share data and integrate digital systems across multiple health and social care settings to enable better decision making and improve the workforce and consumer experience.
- **Embed compassionate leadership as the norm:** Design and embed leadership frameworks that balance human-centred leadership and commercial acumen as the norm. Equity, diversity, inclusion and wellbeing, alongside the provision of an inclusive and fair culture, should be key metrics by which leaders at all levels are judged in their efforts to respect, enable and value the healthcare workforce.
- **Interoperability applies to greater collaboration, connectivity and cohesiveness:** Improve collaboration across all levels of government, professional bodies, regulators, educators and local and national healthcare organisations to develop an interoperable system in all its forms. Implement joint national policies and initiatives to resolve issues such as workforce planning, education and training, pay disputes, staff turnover and shortages.
- **Strengthen and enhance policy and regulatory levers:** Further work is required to ensure that policy and regulatory levers are calibrated in such a way that balances the need for strong credentialing, quality and safety for all health professionals, while also enabling a mobile healthcare workforce that can move more freely between geographies and settings where clinically appropriate.

# What's next for the Australian healthcare workforce and system?

The challenges facing Australia's healthcare industry are greater than ever before. The rapidly growing demand for health services, coupled with workforce and skills shortages and a changed landscape following the COVID-19 pandemic, is placing intense strain on our healthcare system and employees, with impacts to consumers experiencing quality outcomes. Australia's geographical disparities also create a unique situation in contrast to the UK, emphasising the need for new models of virtual care, combined with the right skill mixes, while balancing clinical risk, efficiency and patient comfort and safety.

While there are no magic remedies or answers yet to these conundrums, it's time to turn the complex challenges on their head, rather than do more of the same, to make the workload easier to manage for employees and enhance productivity through smarter, not harder, work. The '5 Rs' – Redesign, Reengage, Retain, Reach and Reform – identify a path forward for leaders to prioritise their focus in order to reimagine a sustainable, affordable future, beyond the current limitations of the system. If steps aren't taken now to achieve holistic purpose-led reform, change will instead be forced upon the healthcare system due to the generational and societal shifts already taking place amongst consumers and healthcare workers.

Through this report, 'Australia's Health Reimagined: Voice of the Workforce', we have uncovered how the healthcare workforce is pivotal in the context of driving and achieving broader healthcare transformation. It's important for healthcare workers and their perspectives to be positioned as central to holistic reform, enabling a sustainable future that serves employees and consumers. By surveying frontline clinicians and interviewing healthcare executives, we have explored first-hand experiences of the workforce capacity challenges, gained insights on opportunities to address these challenges, and learnt about the expert capabilities needed to create change.

The report has revealed that satisfaction is variable across healthcare workers, and further work is needed to develop and implement clear and compelling value propositions for current and future health workers.

It's also highlighted the promising potential across Australia's healthcare workforce, with many opportunities for change already underway across the country, from micro-transformations to the introduction of new ways of working that reduce risk, improve safety and enhance the employee experience. There are numerous examples of new workforce models being applied across the country, which provide opportunities to evaluate and learn, iterate and scale.

Nevertheless, there is a long way to go to truly reimagine the healthcare workforce and system. The areas identified for strategic change and improvement include taking immediate action to redesign ways of working, particularly to reduce the administrative burden, with a longer-term view to redefining scopes of practice. This sets up organisations and the industry to successfully reengage and retain healthcare workers, with a focus on improving sustainability, job satisfaction, flexibility, wellbeing and the employee experience.

More broadly, efforts to reach and attract new generations of healthcare workers should focus on prioritising investment in enhanced training and career pathways to uplift the vital professional and industry capabilities for the future, where supply will need to meet increased demand. Finally, there is a call to reform the healthcare system overall, by transforming models of care based on modern workforce requirements and population needs, digitising an enhanced system, and improving the systemic culture and leadership.

Across each of these intertwined areas, technology is an enabler of change but it cannot determine solutions alone. Generative AI, for example, is transforming ways of working across numerous industries, however in the healthcare setting, solutions will only be effective if the workforce is listened to, engaged and supported by a positive culture and compassionate, trusted leadership. To achieve a reimagined system and workforce, it will be important for the valuable experiences and voices of those on the ground to continue to be heard and understood and to inform co-designed solutions. It's essential for all key stakeholders across organisations, industry and government to collaborate to solve the challenges – with the aim to achieve high quality, safe and accessible health outcomes for all Australians, strengthened effectiveness of health service providers, and enriched careers for clinicians.



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## Endnotes

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