



Workforce

The COVID-19 pandemic has exacerbated existing workforce challenges in health care and resulted in fundamental changes to how work gets done — who does what and where they do it may have changed permanently.¹

In some ways, the global demographic shifts in health care that are occurring post-pandemic have always existed. But COVID-19 has compounded them. For example, US providers have been recruiting nurses internationally for years, but in the wake of the pandemic, as providers experience global labor shortages, demand for nurses has become more competitive.

Health care workers are primarily challenged by heavy workloads, technological hindrances, collaborative and administrative inefficiencies, and inadequate compensation. While many providers have increased pay and benefits in recognition of these challenges, the health care workforce remains in transition as it prepares to meet the demands of the future.

By 2030, the global health care sector will need an estimated 80 million more workers to meet demand, and about 18 million of those will be needed for low-income countries. Eighty-three countries — across sub-Saharan Africa, Southeast Asia, South Asia, and Oceania — currently fail to meet the most basic standards of 23 skilled health professionals per 10,000 people.²

Yet even as the demand for clinicians mounts, doctors and nurses increasingly say they plan to reduce their work hours. One in four US physicians and two in five nurses say they intend to leave the practice of medicine.³ In the UK, the exodus already may be underway: In 2021, the attrition rate for hospital workers rose to 26 percent from 18 percent, and in 2019, about 16 percent of hospitals had reported critical staffing shortages.^{4,5}

Globally, nurses represent the largest segment of the health care workforce, and about 90 percent of international nurse associations are concerned that heavy workloads, resource shortages, burnout, and stress related to the pandemic will drive more nurses to leave the profession.⁶

Clinician burnout

Clinician burnout is prevalent internationally and causes a high degree of emotional exhaustion, the perception of being undervalued, and a sense of reduced personal accomplishment. Burnout often results in reduced job performance, and it contributes to high turnover rates. In addition to the stress and uncertainty brought on by COVID-19, primary contributors to burnout include administrative or clerical burdens, insufficient compensation, heavy workloads, inadequate resources, and technological hindrances and demands.

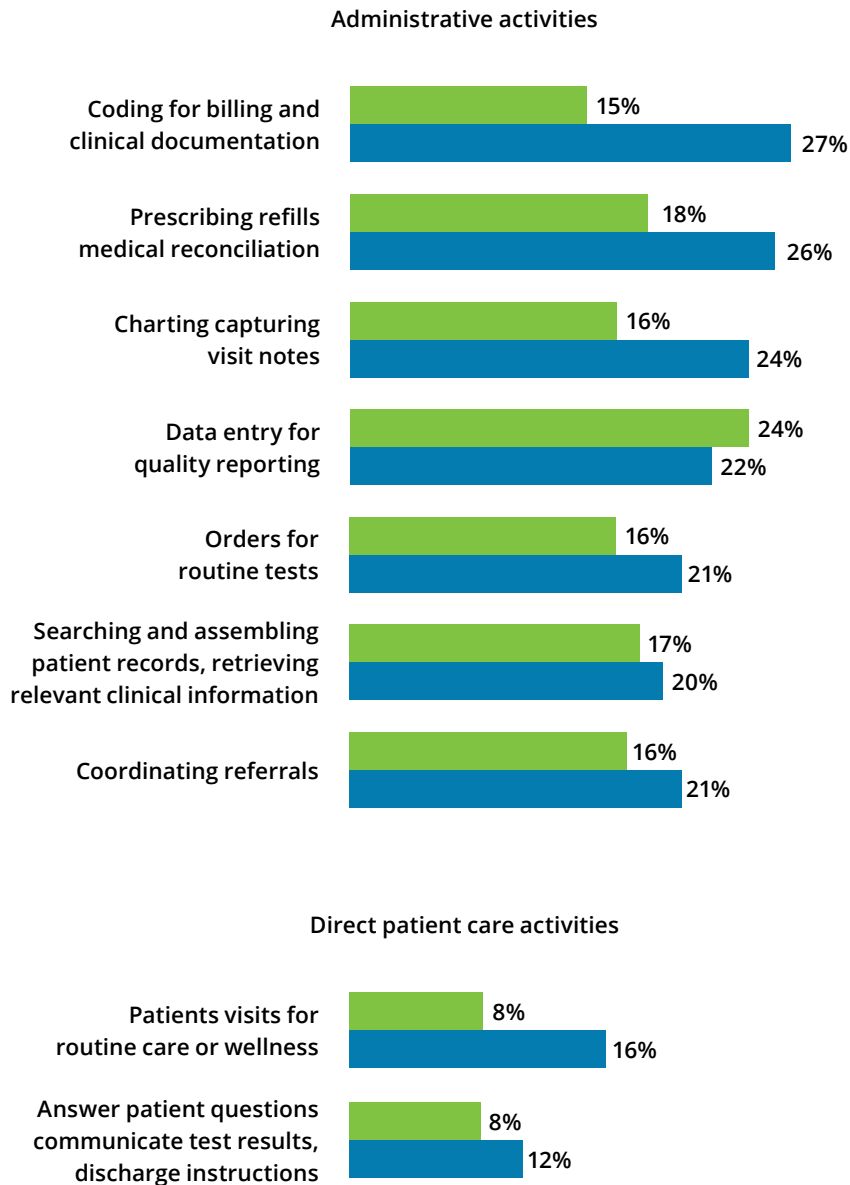
One of the biggest causes of burnout cited by health care workers comprise the very tools that are driving the future of health care: electronic health records and digital transformation. Like many technological advances, perceived efficiencies often belie time-consuming demands such as data entry (Figure 1).

To help address these concerns, Cerner, a health IT company, assembled a group of 12 US-based clients to review the data their organization collected. They found that anywhere from 194 to 984 pieces of data were collected for every intake. The clients were asked to prioritize the most critical elements, which were then compared across all 12 participating organizations. If eight or more clients had those data elements and they were documented 60 percent of the time, then the element was flagged as essential data. (Elements that were evidenced-based or required to meet US regulatory requirements were also included.) The process identified 87 common elements that made up an “essential clinical dataset” (ECD) for nursing admission documentation.

By reducing the amount of data collected for each intake, documentation content declined by an average of 48.5 percent, and the time to document data fell by an average of 30.6 percent. The average number of clicks required to complete an admission document dropped by 32 percent.⁷

Figure 1. Automation is higher for administrative than for direct patient care activities

■ 2020 ■ 2022



Source: Deloitte 2022 Survey of US Physicians

However, automating administrative tasks alone isn't enough. Organizations must embrace the concepts of human-centered design in the interactions with patients. To be effective, technology must improve workflows and reduce administrative tasks in a manner that allows physicians more time to focus on patients and their care.⁸

Technology also can improve how health organizations recruit and retain talent. HR leaders are turning to digitization and automation for some aspects of the recruiting and hiring process, allowing them to identify and recruit new hires—and get them out in the field—more quickly. Artificial intelligence is another way that HR leaders could identify talent—even practitioners who may not be actively looking for new opportunities.⁹

Turning to technology

Amid a tightening job market, burnout from the pandemic, and changing worker demands, health organizations increasingly rely on innovation for recruiting and retaining workers. Most of these innovations involve digitizing processes, adapting to future care needs, and customizing employee compensation and benefits, such as offering student loan repayments, childcare stipends, and down payment assistance for workers buying homes.¹⁰

As a result, the nature of health care work itself has become more data-driven and distributed. That, in turn, has created a mismatch between the skills that are needed for certain jobs, and the skills that are available. Increasingly, providers are asking themselves what work needs to be done internally and what can be found externally. They also are focusing on what tasks must be performed by caregivers and which ones can be automated or handled by non-clinical workers.

The skills shortage, combined with mounting margin pressure, has prompted many health organizations to turn to technology and new approaches — such as telemedicine and “hospitals from home”—to address the gap and drive greater cost efficiencies. Telemedicine may allow organizations to reduce clinician burnout by sharing the workload for diagnoses and wellness checks, for example, across a broader workforce, many of whom may themselves work remotely. However, telemedicine has yet to live up to its potential. Sixty-eight percent of physicians surveyed by the Deloitte US Center for Health Solutions said they collaborate well during virtual visits, compared with 90 percent for in-person visits.¹¹

Digital transformation can enable organizations to reduce reliance on scarce resources or professionals with the most specialized skills. As a result, organizations are no longer bound by the historical perception that they must source talent exclusively from the communities they serve.

In the past, for example, hospitals may have been reluctant to reduce jobs because of the community impact. Now, with the talent crisis and with the mounting cost pressures, they’re recognizing that to improve the patient experience they must weigh the costs of keeping those jobs against the efficiencies of moving those jobs elsewhere. For example, rather than maintaining in-house IT staffs or call center personnel, some organizations are considering consolidating, automating, or outsourcing those functions.

In most cases, an outsourcing relationship would enable providers to rely on partners for modernizing internal processes and technology. Strategic management of the workforce, in other words, can drive a broader strategy that improves service offerings, lowers costs, and allows the provider to concentrate investments on enhancing care.

Changing workplace demands

Health organizations aren’t immune to the same workplace issues confronting other industries since the pandemic. Many workers have grown accustomed to remote work and no longer want to be in the office five days a week.

As a result, more providers are creating more appealing and sustainable work environments by focusing on improving workplace culture and communications, as well as prioritizing mental health services for employees and patients alike.

They also are adopting custom retention strategies, such as tailoring employee compensation and benefits to individual needs, as well as offering more schedule flexibility, same day pay, and diversity, equity, and inclusion (DEI) initiatives that appeal to younger health workers.

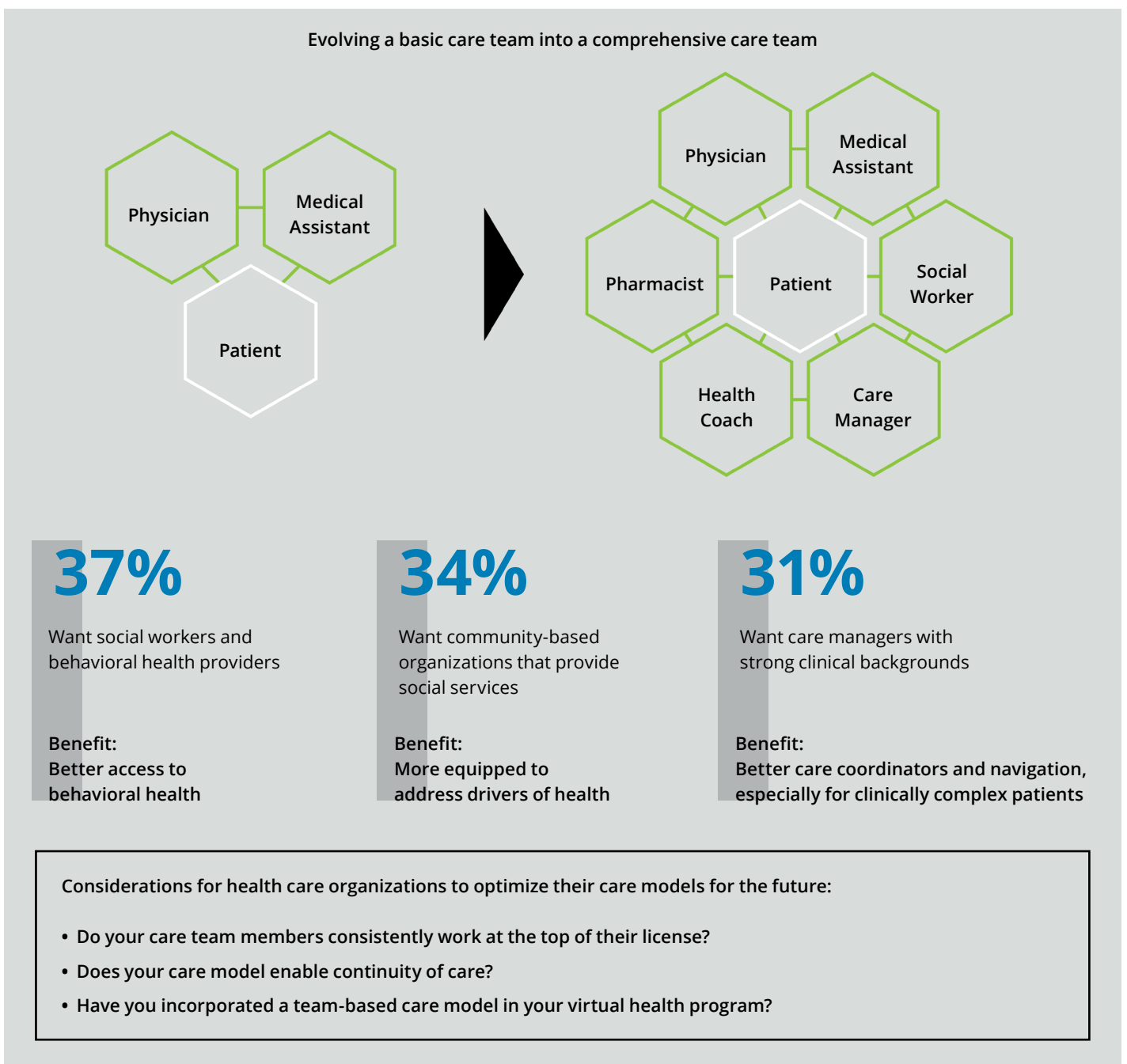
Physicians surveyed in recent years said that retention factors included increased pay, additional time off, reduced on-call hours, and paid sabbaticals. Increased autonomy, more face time with key leaders, and more formal recognition for job performance also were considered important to job satisfaction.¹²

But increasing time off and limiting on-call hours for physicians means others must fill the gap. In addition, patients often require more complex treatment options or increased specialization. As a result, organizations are looking at new models such as a comprehensive care team that brings together multiple disciplines—advanced practice professionals, rehabilitation therapists, clinical pharmacists, social workers, health coaches, and specialized care managers—to improve chronic condition management, care transitions, access to behavioural health, and navigating community resources.¹³

Other professionals, such as pharmacists, can play a broader role in improving the care provided to patients. Today's pharmacists fulfill a product-based role, dispensing medicine to patients. However, by moving the profession toward clinical services, supplement or extend primary care and wellness services, specialty support in areas such as oncology, and support for digital health by providing access to point-in-care diagnostics and helping customers identify digital health tools for their specific needs (Figure 2).

Denmark, for example, reduced the number of hospitals in the country to 32 from 98 between 2009 and 2019, and shifted more the services that hospitals provided to primary care, health centers, outpatient clinics. Hospitals are now reserved for specialized care.¹⁴

Figure 2. Opportunities to expand the use of comprehensive care teams



Source: Deloitte 2022 Survey of US Physicians.

Providers also are addressing labor shortages by hiring clinicians and nurses from other countries, such as the Philippines. However, even hiring practitioners from abroad may not be enough to backfill critical shortages. In Australia, providers typically hire 260 nurses a year from Ireland and Malaysia, selected from about 1,000 applicants. In 2022, they had only 25 applicants.

As the shortage persists, providers are reconsidering licensing and credential requirements. For example, in the US, providers who in the past hired only registered nurses (RNs) are now considering whether licensed vocational nurses (LVNs) or licensed practical nurses (LPNs) can be used for some roles.

However, if hospitals step up hiring in these areas, it could lead to shortages among skilled nursing facilities and home health care providers.

Hospitals also can review procedures to identify areas that could improve patient care while also reducing demands on the workforce. For example, higher patient loads have led to hurried and often incomplete discharge orders. Many patients receive no written discharge orders or don't understand them, which can lead to relapses or return hospital visits. Improving discharge orders and communicating with primary care physicians and home services for follow ups, can reduce undesirable patient outcomes by half.¹⁵

Building a more sustainable workforce

While these efforts have slowed labor challenges in the short term, providers still must make such practices sustainable. For example, because many retention issues occur at the lower end of the pay scale, many organizations have focused their retention efforts on employees with tenures of 15 years or less.

This creates inequities in the system over the long term because it devalues longevity. Simply adding flexible work schedules or increasing hourly pay may not be enough to build a resilient workforce for the future.

Some providers have begun to develop learning programs within their organizations and are creating partnerships to attract workers earlier in the educational process. Rather than simply recruiting from different nursing schools, for example, providers might build a development program in which students receive hands-on experience to encourage them to pursue health care careers.

In 1999, Children's Hospital of Colorado launched its Medical Career Collaborative (MC2), a two-year program that gives low-income high school students hands-on training in a variety of roles with workshops, field trips, and a paid internship. Since the initiative began, the hospital has filled more than 90 jobs — including physicians, physician assistants, nurse practitioners, radiology technicians and others — with students who started in the program. Hundreds more have gone on to pursue health care careers with other facilities. In the past few years, the program and others like it have become vital in meeting the sector's workforce challenges.^{16,17}

Some organizations are trying to lure back recently retired professionals. The Cleveland Clinic launched its Nightingale program in 2018 to offer newly retired nurses a flexible, part-time positions in the unit from which they retired. The nurses can work as much or as little as they want — provided they meet a minimum of 80 hours a year — and they aren't required to work weekends or holidays or be on-call unless they choose to be.¹⁸

In some countries, community health workers play a vital role in care delivery. Following this example, some US providers are identifying care roles that don't require clinical training. Many urban hospitals, for example, are developing cohorts of community care workers to not only improve care but strengthen ties with the communities in which they operate.

URC, which works globally to improve health care, is leading several studies about community health workers, including one to assess the social return on investments in Ethiopia's health extension program, and another on the benefits of community-based workers in Kenya and South Africa.¹⁹

Addressing workforce shortages

Organizations need new thinking about the workforce and how its structured. Old hierarchies no longer work. Licensed professionals need more support from both automation and other clinicians — from nurses to pharmacists. These new models will help to make health care more sustainable and effective for the workforce and produce better outcomes for patients.

Rising investments to address worker shortages and attrition indicates a growing recognition of challenges that providers and other industry participants face. Globally, billions of dollars from both the public and the private sectors are being devoted to the issue.

For example, in 2022 alone:

- The US administration said it would invest \$1.5 billion to increase the number of health workers in underserved communities by offering scholarships and loan repayments for students in health care who pledge to serve those communities.²⁰
- UnitedHealth, the largest US health insurer, allocated \$100 million to diversifying the health care workforce and addressing clinician shortages during the next 10 years.²¹
- A consortium of 24 partners from 11 European countries, led by the European Health Management Association (EHMA), unveiled BeWell — Blueprint Alliance for a Future Health Workforce Strategy on Digital and Green Skills. The four-year program focuses on developing the skills strategy to modernize the health workforce to cope with future challenges and evolving social expectations.²³
- New Zealand's ministry of health established an International Recruitment Service to retain overseas care workers, launched an initiative to expand unregulated non-clinical roles, and introduced new training models. The government will spend NZ\$10,000 per nurse to reduce licensing costs and NZ\$5,000 for every non-practicing nurse who re-registers.
- The African Union launched an initiative to strengthen and expand the continent's health workforce; it aims to help sustain universal health coverage. The project was started with a \$2.5 million grant by Serum Institute of India, the world's largest vaccine manufacturer.²⁴
- The Indian government is expanding medical college seats and starting special courses for rural health services. It also is launching innovative schemes to attract the health workforce to community service.
- Continued investment, and an efficient use of capital, are essential to ensure the health industry continues to meet rising global demand. It also is essential for improving health care delivery in rural and impoverished areas and reducing clinician burnout.

Preparing for the workforce of the future

As health care executives struggle to meet the demands of this new labor market, they should consider six key areas to position their organizations for the future.

1. Can you customize your retention strategies? Listening to what clinicians want and need and tailoring solutions appropriately can help boost retention. Some workers may want more recognition, while others want higher pay for expertise or increased effort. Still others value flexible scheduling, more frequent breaks to recharge, strong management support, open lines of communication, input into decision-making, accessibility to mental health and well-being resources to cope with job-related stress and help with child or eldercare. What can you do to assess and addressing these varying needs?
2. Can you expand your reliance on advanced practice professionals? State orders during the pandemic granted many nurse practitioners expanded roles. How can your organization build on those measures? Fully leverage care team-based models, filling gaps with less traditional care providers like advanced practice professionals, social workers, pharmacists, community health workers to address the shortage of primary care physicians.
3. How can you appeal to Millennials and Gen Z workers? New clinicians can be more selective about where they work and what kind of organization they work for. How can you tailor you job offerings to appeal to their concerns? By developing unique career pathways you can give entry-level workers opportunities for growth. Sharing your mission, values and DE&I goals can be critical to Gen Z employees who often value cultural fit over traditional benefits.

4. How can you best leverage experienced clinicians? Design jobs that allow them to use their expertise, reduce physical demands, give them flexibility in their schedules, and allow remote work when appropriate. Retirement can be a gradual transition if workers choose.
5. How can you integrate workforce planning and strategic planning? You need to understand how emerging technologies and consumerism affect the workforce and the nature of the jobs clinicians perform. Encourage change but do so in a way that supports your workforce. Develop processes for retraining as skills and capabilities shift, be prepared to retrain your existing workforce, and strengthen your talent pipeline with new professional development pathways and partnerships. Create career growth opportunities inside your organizations.
6. How can you encourage innovative thinking within your organization? Some providers are building their own internal supply of clinicians who can be reassigned temporarily during times of peak demand. Even before the pandemic, CommonSpirit Health, one of the largest nonprofit health systems in the US, created an internal nurse-staffing agency. Having an internal staffing agency allows nurses to travel and gives them more flexibility while remaining in the organization and keeping their seniority.²⁵ What do you do to foster organic solutions within your organization?

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Acknowledgements

We would like to thank the following individuals for their contributions to this chapter: Eileen Radis, Maureen Medlock, Mel Miller, Wendy Gerhardt and Natasha Elsner.

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