American Hospital Association™

Advancing Health in America

AMERICAN HOSPITAL ASSOCIATION

2022 HEALTH CARE TALENT SCAN

Welcome

2022 American Hospital Association Health Care Talent Scan

These past 20 months have been unlike any other that our nation and our health care system have ever experienced. Yet through it all, physicians, nurses and all team members at our hospitals and health systems continue to demonstrate their steadfast commitment to caring for their patients and communities with skill and compassion.

When we emerge from the COVID-19 pandemic into our new normal, we will understand even more clearly that our dedicated workforce is the backbone of our health care system. Pandemic or not, delivering high-quality patient care depends on our ability to recruit, train, retain and support our health care workers.

Based on a review of reports, studies and other data sources from leading organizations and researchers, this scan provides an annual snapshot of America's health care employment, plus workforce insights and information to guide your organization forward during a time of continued transformation — in our health care environment and our society at large.

To help hospitals and health systems navigate both familiar and emerging workforce-related challenges, the AHA has designed a road map focused on achieving the following goals::

- **Resilience:** Reestablish a robust health care workforce to promote well-being, mental health and resilient staffing.
- **Workforce flexibility:** Develop a well-trained, interprofessional and flexible workforce with both the skills and receptivity for technology and data to match the current and future pace of health care innovation.
- **Capacity:** Increase workforce capacity through a pipeline of talent, so that hospitals can hire, retain and foster provider growth while supporting health in their communities.
- **Strategy:** Support decisions by hospital and health system leaders to prioritize and include the workforce in their organizations' strategic plans.

Health care is about human connection — people taking care of people. The people of America's hospitals and health systems do this each and every day, and the COVID-19 pandemic has shone a spotlight on the vital role they play in our nation's health and safety.

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Today's Insights for Tomorrow's Success

A glance at our key findings:

Reining in the rampant burnout risk requires addressing challenging complexities inherent in our current health care system as well as providing ongoing, tangible, comprehensive support.

Fundamental shifts in delivery models, including widespread telemedicine adoption, will require examining and rethinking multiple components of care, ranging from workflows to patient interactions to educating future clinicians and retraining current ones.

Health care organizations need to help health care workers process the trauma, grief and stress related to the pandemic experience while also focusing on strengthening institutional resilience.

In the new environment, health care must be a "team sport" that features cross-disciplinary collaboration, shared responsibility and effective communication.

Diversity, equity and inclusion initiatives in clinical education, recruitment and retention go hand in hand with proactively reducing disparities in health care delivery and patient outcomes, and increasing interprofessional collaboration on care teams.

Health Care Redefined

The trends that are transforming health care also will have a significant impact on workforce planning. Here are some trends to keep top of mind:

Hospitals and health care systems continue to struggle with economic stability.[1, 2]

While there are signs of economic recovery, hospital finances remain under tremendous pressure, and reestablishing economic sustainability will be a long-term process.

The pandemic severely strained hospitals financially for several reasons, including the astronomical costs of preparing for and treating COVID-19 patients, additional expenses resulting from supply chain and labor market disruptions, and the forced shutdown/slowdown of nonemergent care. After facing catastrophic losses in 2020, our nation's hospitals, health systems and caregivers continue to be severely tested by the COVID-19 pandemic. An analysis conducted by Kaufman, Hall & Associates, LLC for the AHA showed that higher expenses for labor, drugs and supplies as well as patients putting off care during the COVID-19 pandemic continued to negatively impact the financial health of hospitals and health systems throughout 2021. The report projected that hospitals nationwide will lose an estimated $54 billion in net income over the course of the year, even after taking into account federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding from 2020. The analysis also found that: higher costs of caring for sicker patients and fewer outpatient visits than pre-pandemic levels could lead median hospital margins to be 11% below pre-pandemic levels by year's end; more than a third of hospitals are expected to end 2021 with negative margins; and if there were no relief funds from the federal government, losses in net income would be as high as $92 billion.

The future of behavioral health will look markedly different from its past.[3]

While the pandemic accentuated the need for more — and better — access to behavioral health services across all socio-economic sectors, it also caused significant and positive disruption to the field. Hospitals and health systems quickly scaled remote care platforms to improve access to behavioral health and encouraged employees to seek help when needed, and public and private insurers changed remote care reimbursement policies, paying for services previously denied.

Moving forward, scientific advancements and understanding of the brain, as well as, cultural changes likely will lessen the stigma associated with behavioral health. At the same time, increased access to utilization data for behavioral health services, combined with the use of artificial intelligence will increase the ability to predict the likelihood of mental illness or addiction and offer preventive measures.

The Mental Health Parity and Addiction Equity Act of 2008 needs to be fully implemented and discriminatory practices in public plans such as Medicare's 190 lifetime limit, and Medicaid's Institute for Mental Disease Exclusion should be eliminated. Hospitals have the opportunity to work more closely with community based behavioral health providers and other community partners to create a robust continuum of care through collaboration. Additionally, hospitals and health systems can lead efforts to integrate behavioral health better into all care across the continuum.

Diversity, equity and inclusion starts at the top.[4, 5, 6]

The continuing social and civil unrest has put racial injustice squarely in the spotlight. It also has amplified health care disparities resulting from structural inequities, accentuating the obligation of hospitals and their governing boards to ensure that the health needs of all populations within their community are equitably served and represented. To make that happen, health care organizations need to ensure that their governing boards, C-suites and workforce include a diversity of race, ethnicity, age, gender, sexual orientation, skill sets, thought and abilities.

Ninety-six percent of hospitals report a commitment to fostering diversity and inclusion strategies within their organizations, and 45% say they already have a comprehensive plan for doing so. Health systems report the highest level of diverse representation (17%) on their boards, compared with system subsidiaries (13%) and free-standing hospitals (9%). Forty percent of hospitals also indicate that they have either implemented or achieved an increase in C-suite diversity.

To help health care organizations accelerate efforts to develop effective leadership diversity strategies, the AHA offers numerous tools and resources through Trustee Services and the Institute for Diversity and Health Equity.

Technology will play a pivotal role in new care models. [7, 8, 9]

COVID-19 has driven massive numbers of consumers to try telehealth — and they liked it, a lot. Plenty of providers did, too. Pre-pandemic, the annual revenues of U.S. telehealth leaders totaled about $3 billion. McKinsey & Company predicts as much as $250 billion of current U.S. health care spending potentially could be virtualized, including 35% of home health visits and 24% of office visit/outpatient encounters. Hospital-at-home models that deliver acute, hospital-level care through a combination of telemedicine, remote patient monitoring and in-person visits also are gaining traction.

Capitalizing on the potential of virtual health to transform care delivery and expand access to clinical expertise to wherever patients are requires organizations to prioritize clinician training, support seamless and high-quality interaction by integrating automation and technology, and reassessing existing virtual health programs to scale them appropriately for long-term success.

Focus: Clinician Well-being

Concern about clinician well-being has been top of mind for years, but the pandemic has exacerbated stress and trauma and presented a unique opportunity to reframe core approaches to fostering a thriving workforce. More than ever, clinicians require compassionate, holistic support to ensure that they feel safe, valued and engaged.

Understand the Need

Front-line clinicians are at risk of long-term harm.[10]

The pandemic has intensified the physical and psychological impacts of chronic clinician workforce stressors, threatening long-term well-being. These stressors include:

- **Moral stress:** Balancing duty to society with personal health risks and the need to allocate scarce resources.
- **New roles:** Staffing gaps led to deployment outside typical areas of practice.
- **Disruptions to work networks:** Quarantine requirements separated clinicians from peer-support systems and increased feelings of isolation.
- **Accumulated COVID-19 stress:** Navigating child care, family issues and shelter-in-place challenges amplified occupation-specific challenges. What other local, regional and state resources can you leverage, such as partnering with other hospitals or coordinating volunteer teams, to meet surge-capacity needs?
- **Moral injury:** Consequences of experiencing assault on professional values and commitments, including feeling powerless to save patients.

Coping with a barrage of emotional health challenges takes time and compassion.[11, 12, 13, 14]

The 18 months of fighting COVID-19 have been traumatic and grief-filled for clinicians, who treated vast numbers of critically ill and dying patients, experienced political and racial turmoil, and mourned such

personal losses as the inability to be with family and celebrate milestone events. While most people who experience trauma recover within 12 weeks, a small percentage experience PTSD. Leaders should be aware of the symptoms of persistent trauma — a decline in performance, increased irritability or incivility or poor self-grooming — and provide support to aid in their recovery. Compassionate understanding, ample time and supportive services all play key roles in helping clinicians process trauma and grief so that they can move forward with energy and confidence.

Nurse well-being has escalated from chronic concern to an acute issue.[15, 16]

Worry about nurses' emotional health rose right along with COVID-19 patient numbers. By February 2021, 67% of nurse leaders named mental health and well-being among their top three challenges, up 17% from July 2020. More than one-third named low morale and burnout as the No. 1 challenge that they hadn't faced in the six months prior. Alarmingly, one in four nurse managers also indicated that they were not emotionally healthy themselves. Also, a recent study published in JAMA Psychiatry suggests that in the U.S., the risk of suicide is significantly higher for nurses compared with that of the general population, further underscoring the urgent need to assess and address well-being.

COVID-19-related stress is only one factor among many.[17, 18]

Stress is nothing new for physicians, with 42% reporting that they felt burned out during 2020. Only 8% of doctors cited treating COVID-19 patients as the primary cause of their burnout. Bigger factors included excessive bureaucratic demands (58%), working too many hours (37%) and lack of respect from administrators/employers and colleagues or staff. However, one in five said their burnout emerged only last year and, not surprisingly, specialists in critical care, rheumatology and infectious disease for the first time ranked among the most stressed.

Female clinicians face more pressure, more distress.[19, 20, 21]

Over the years, more female physicians consistently have reported burnout, compared to their male counterparts, but the disparity was greater than usual during the pandemic, and women also exhibited more symptoms of moderate-to-severe secondary traumatization. Typically, women do more heavy lifting than men when it comes to home and family responsibilities, and COVID-19 intensified those pressures with the lack of child care and the need for home schooling. Reducing these burdens requires providers to rethink and expand available support.

Tear down barriers preventing physicians from accessing mental health services.[22, 23]

Front-line clinicians often are unable or unwilling to get help when they need it. A year into the pandemic, only 13% of health care workers said they received mental health services. Another 20% said they thought they needed them but didn't receive them, either because they were too busy, unable to get time off work, couldn't afford them or felt afraid or embarrassed. Physicians typically have been reluctant to seek help, fearing that colleagues or employers will see them as weak or unfit to practice, or that it will jeopardize their licensure status. To reduce this cultural stigma, health care organizations, state medical boards, educational institutions and other stakeholders should examine their policies, regulations, support and expectations. It is vital to reassure clinicians that it is not only normal, but expected and acceptable, to feel overwhelmed at times and to seek help as needed.

Youngest front-line workers have been hardest hit.[24]

Three-quarters of health care workers younger than 30 reported that pandemic-related worry or stress negatively affected their mental health, and seven in 10 reported feeling burned out. Six in 10 worked

directly with COVID-19 patients and 13% had at least 10 patients in their direct care who died from COVID-19. They also said they had to work more hours or work harder because of the pandemic.

When clinicians suffer, patients often do, too.[25, 26]

Addressing clinician stress is critical to consistently delivering high-quality patient care. One-third of physicians who reported depression said they were more easily exasperated with patients, nearly one-quarter were less careful when taking patient notes and 15% blamed burnout for errors they would not have made otherwise.

Workplace violence adds to clinician stress.[27, 28, 29]

Health care workers are five times more likely to experience workplace violence than all other workers. Almost half of emergency physicians who were assaulted six or more times in the past year had been assaulted several times each month. Nearly 55% of emergency nurses reported physical violence and/or verbal abuse during a seven-day period. Whether hurt by threats, harassment, verbal abuse — including from professional colleagues or supervisors — or physical assaults, the resulting injuries and trauma can cause burnout, decrease job satisfaction, increase turnover and affect the quality of patient care.

Rethink Innovatively, Act Intentionally

Normalize help-seeking behavior.[30, 31]

Cheers for front-line clinicians are great, but concrete benefits are even better. Provide insurance coverage and access to independent mental health providers trained in trauma-informed care to help remove the stigma and barriers to using mental health services when needed. Reinforce that seeking help indicates strength, not weakness.

Nurture resilience through trauma-informed leadership.[32]

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes a trauma-informed approach as facilitating healing through the development of interventions specifically designed to address the consequences of trauma. Trauma-informed leadership can help clinical leaders empathize with and support staff traumatized by COVID-19 or other causes. By recognizing and honoring clinicians' emotional scars, leaders can help them process the experience, grow from it and emerge more resilient.

Provide psychological as well as physical PPE.[33]

Psychological personal protective equipment (PPE) comprises the practices and routines that protect and nurture clinician resilience. These could include taking a day off, seeking mental health support or reframing negative experiences. Clinicians can tailor the psychological PPE to their individual needs and regularly integrate it into their work with the support of their leaders and organizations.

Build organizational well-being.[34, 35, 36]

Focus on moving beyond simply eliminating stressors to creating a culture that promotes thriving by taking these steps:

- Develop well-being infrastructure, which could include adapting benefits and expanding

or creating new roles, such as a chief wellness officer.

- Rebuild trust and boost engagement by communicating transparently, practicing active listening, and soliciting and acting on input.
- Make sure that leaders model rest-and-recuperation strategies, essential for sustaining high performance.
- Sustain and supplement existing well-being programs, but also implement pilots to build buy-in and momentum for new initiatives.
- Measure, track and be accountable for well-being outcomes.
- Take advantage of the resources in AHA's Well-Being Playbook.

Empower clinicians to advocate for themselves.[37, 38]

Encourage clinicians to speak up about stressors they face and concerns about either their own health or that of their patients. Strengthen protections for reporting concerns without retribution, such as providing anonymous-reporting mechanisms. Ensure that your leadership responds transparently and proactively to issues raised. Provide both formal and informal opportunities for ongoing peer support.

Adopt a zero-tolerance policy for lateral violence and bullying.[39]

To reduce overt and passive aggressive behavior among clinicians, send a clear, consistent message to all staff that no violence of any type will be tolerated. Take all threats or incidents of violence seriously, regardless of the aggressor's title or position. Explore proactive strategies to decrease incivility and promote teamwork.

Combat workplace violence.[40, 41]

Hospitals can decrease the incidence, likelihood and impact of workplace violence by:

- Developing a workplace violence-prevention program.
- Creating a thorough post-incident debrief and providing counseling.
- Promoting training, education and resources to address the prevention, recognition, response and reporting of workplace violence, including de-escalation, intervention and response to emergency incidents.
- Clearly outlining the roles and responsibilities of leadership, clinical staff, security personnel and external law enforcement when caring for those with histories of violence.
- Building collaborative partnerships with security leadership to mitigate risk and advance the implementation of security measures.
- Empowering clinicians to practice empathetically.

Invest in innovative support initiatives.[42]

Hospitals and health systems across the country have supported their health care teams during the pandemic and beyond, often partnering in myriad ways with local universities or mental health organizations. These range from providing peer-to-peer support groups, chat and text lines, and Lavender Carts to chair massages, virtual yoga, mindfulness classes and Compassion Resilience Toolkits with discussion materials, blogs and video clips. See what else your peers are doing.

Promote self-care with virtual coping techniques.[43]

At University of Louisville Health-Peace Hospital in Kentucky, health care professionals offer coping techniques multiple times a week via Zoom. Trauma Tapping Technique is a proven self-help technique for relieving emotional stress by tapping gently on points of the body, and Havening is an alternative therapy technique that incorporates distraction, touch and eye movements to reduce anxiety associated with negative memories.

Develop well-being champions.[44]

At Northwestern Medicine in Chicago, an innovative Scholars of Wellness (SOW) program has helped advance physician well-being during and beyond the pandemic. SOW's objective is to create a critical mass of wellness leaders — SOW Scholars — to drive meaningful change. Scholars participate in biweekly one-hour sessions during working hours, receive 5% protected time to attend and lead wellness projects, and work with a wellness mentor and coach. Sixty percent of the inaugural class of participants reported decreased levels of burnout and feeling more appreciated in their roles.

Cultivate joy.[45]

Positive emotions have been associated with better job performance and lower burnout, absenteeism and turnover. Recognizing that cultivating joy is a shared responsibility among the organization, department, leaders and individuals, Mayo Clinic's radiology department convened an employee group that developed strategies around workload, efficiency, staff flexibility/control, work-life integration and meaning in work.

Considerations for the Future

- What are your clinical teams' biggest barriers to improving well-being and resilience?
- What strategies do you use to identify clinicians in need of help and to encourage them to access available support services?
- What steps can you take to generate trust and positivity in your team, while still honoring loss and acknowledging grief?
- What leadership qualities are the most critical for supporting clinicians, and how are you developing them?
- Do you offer a comprehensive mix of immediate and long-term support services to clinicians?
- How can you better integrate efforts to help clinicians thrive in your existing culture?

Focus: Education, Training and the Evolving Practice Landscape

The "new normal" in health care requires rethinking clinician education and training for everyone from students to leaders. The pandemic continues to interrupt and disrupt the education of clinicians in training. At the same time, it fundamentally shifted how care likely will be delivered in the future, which has myriad implications for training, retraining and upskilling current and future clinicians.

Understand the Need

Rx for "pandemic interruptus." [46, 47]

Health care organizations are faced with the need to revamp and ramp up training and onboarding for new clinicians. Seven of 10 nurses said the pandemic has affected their ability to onboard new hires and 63% said that they had to extend the orientation timeline. Many recent graduates had gaps in their clinical experience when the pandemic forced health profession schools to suspend or limit in-person clinical instruction. Instead, training often leaned heavily on virtual/simulation or nonbedside areas like quality improvement.

Team-centered approaches continue to gather steam.[48]

Staffing shortages during the pandemic frequently have required rethinking how clinicians are deployed and work as a team within intensive care units (ICUs) and other departments. As health care organizations also focus more on preventive care and well-being, they rely on interprofessional teams to play a larger role inside hospitals and in the broader community. To optimize team performance, especially in high-stress situations, it is vital to ensure that clinicians have excellent collaboration and communication skills, a clear understanding of roles and responsibilities and shared resilience along with the requisite clinical knowledge.

Telemedicine goes mainstream.[49, 50, 51, 52]

Telemedicine's popularity skyrocketed with patients who were unable or unwilling to see physicians because of COVID-19. We have to know how to manage those skills and appropriately train the next generation to have these skills. Eighty-five percent of physicians believe training to improve skills like conveying empathy during virtual visits is essential but lacking in their practices. Nurses also are getting on board — more than 40% of front-line nurses delivered care virtually within the last year, and about two-thirds are interested in providing it in the future.

New nurse graduates face elevated turnover risk.[53, 54]

The turnover rate for new nurse graduates is 35%, slightly less than twice the average nurse turnover rate. Factors include poor understanding of practice expectations, insufficient real-life clinical experience, a highly complex and challenging care environment, lack of support on the nurse's unit and feeling overworked and lost. Despite good intentions and spending an estimated $24,000 to onboard each nurse, hospital education departments often offer ineffective, overly broad orientation programs coupled with insufficient assessment and feedback to support nurses throughout their career journey.

Virtual learning presents real challenges.[55, 56]

Virtual training for clinicians is becoming more widespread, but many educational institutions and health care organizations lack the necessary technology infrastructure to shift efficiently and quickly from classroom or in-person instruction. Drawbacks include technical challenges, the difficulty of engaging students and the inability to conduct one-on-one discussions or provide immediate feedback. Redeploying nurse educators to meet increased staffing needs, as has happened during the pandemic, exacerbates the challenge for nurses.

Critical thinking skills take on new urgency for physician residents.[57]

The sheer quantity of medical literature and fast pace of medical advances means that tomorrow's physicians will need to cultivate the ability to assimilate new knowledge through critical-thinking skills, rather than rely as heavily on their residency training or personal experience. Physician training and ongoing education also must adapt to the learning styles of millennials by incorporating more group-based projects, informal teaching sessions (rather than traditional lectures) and an increased emphasis on why new information is relevant.

New flexibility and new needs demand new skills.[58]

During the pandemic, more than 60% of nurses floated across units, acuity levels and settings — nearly twice the previous rate. About one-third are interested in continuing to do so, indicating the value of cross-training. One-third of front-line nurses also expressed concern that they do not have the skills they need for future success in a role that is evolving quickly. They expect their employers to clarify clinical guidelines for new delivery care models and technology requirements, as well as to provide access to the necessary training.

Rethink Innovatively, Act Intentionally

Reap the benefits of team-based nursing.[59]

Advocate Aurora Health, which serves Illinois and Wisconsin, deploys nursing teams that include a charge registered nurse (RN), primary RNs and support RNs or nursing assistants. This approach allows all

team members to work at the top of their practices, to share responsibility, and to flex and work safely in any environment appropriate for their skill sets. Benefits have included decreased burnout, increased confidence in nursing skills, increased cross-disciplinary collaboration and increased patient satisfaction.

Boost flexibility with multiple staffing models.[60, 61]

Optimize your nursing resources by using a variety of staffing models, depending on experience, availability and complexity of patient care needs. Options include:

- **Team-based staffing:** One RN supervises a team of licensed practical nurses, aides and other support staff caring for a group of patients.
- **Tiered staffing:** Recommended by the Society of Critical Care Medicine to augment experienced ICU staff by incorporating non-ICU-trained staff of all disciplines.
- **Primary nursing care:** A single nurse serves as primary caregiver for a shift/encounter, supervising ancillary staff involved in the care of the patient.
- **Functional care delivery:** The nurse manager coordinates care by delegating tasks through a hierarchical structure.

Manage teams skillfully and thoughtfully.[62]

Pandemic or not, several factors can affect team performance in high-stress clinical settings. These include overwork, fatigue, unfamiliar new team members and scarce resources. By knowledgeably anticipating and actively addressing these risk points, leaders can help teams coordinate effectively, increase resilience, improve each team member's ability to discuss concerns forthrightly and support high-quality patient care.

Build professional as well as clinical skills.[63]

Interpersonal communication, delegation, evidence-based practice, leadership and other professional skills often challenge newly minted clinicians more than clinical proficiency. It is critical to explore innovative ways to supplement teaching these skills, including creating engaging and immersive experiences through videoconferencing and virtual education.

Support diverse learning styles — in person and virtually.[64]

As education and training increasingly become hybrids of virtual and in-person opportunities, plan strategically to ensure consistency across your organization. No matter which platform is used, ensure that your curriculum meets the needs of clinicians with diverse learning styles. The opportunity for open dialogue between new health care professionals and their support teams is also a crucial component, enabling immediate feedback, clarification of questions or issues, and follow-up on progress or concerns.

Be creative with nurse orientation and continuing education.[65, 66]

Incorporate a wide spectrum of teaching strategies that more effectively engage new clinicians as well as improve patient outcomes. Relying less exclusively on lectures and incorporating innovative opportunities such as a flipped classroom model, microlearning simulation labs, virtual reality and video games ultimately can improve job satisfaction, lower retention rates and improve quality of care. Integrating assessment tools that identify specialty-specific knowledge gaps also can decrease the time and cost of education and effectively meet individual learning needs.

Nurture workforce management agility.[67]

Create a workforce management infrastructure that supports staff needs in normal times while also enhancing their ability to perform well in times of crisis. This includes making leaders accountable for ensuring that staff have appropriate skill sets, committing to cross-training staff and creating centralized nurse resource pools that provide flexibility for redeploying staff.

Support development of "webside" manner.[68, 69, 70]

Even though the newest generation of clinicians are digital natives, they need experiential opportunities to polish their telehealth communication skills with patients. New and existing physicians and nurses will need training on how to integrate new digital tools into their practices, strategies for minimizing digital fatigue and guidance on communicating clearly and empathically virtually. Training both physicians and patients to use remote monitoring tools and integrating them with electronic health records and other technologies are also vital to the success of telehealth.

Improve clinical education equity and accessibility.[71]

The pandemic continues to heighten the awareness of inequities in resources and student experiences in nursing and academic medicine, underscoring the need to intentionally rethink clinical training, education and workforce organization to improve and support diversity. This includes taking steps to improve the affordability of clinical education, address inequities created by the inconsistent opportunity to visit clinical rotations during the medical residency-selection process, and developing systems for assessing progress toward diversity, equity and inclusion.

Considerations for the Future

- How effective are the engagement and support tools you use to transition new nurses from the academic environment to clinical practice?
- What steps are you taking to personalize learning opportunities for your recent nurse graduates?
- What types of self-service, on-demand learning tools are available to your team members when they want to reinforce and strengthen their knowledge?
- What COVID-19-caused training gaps have you identified in new clinicians, and what strategies have you developed to bridge them?
- How have you expanded your training to assist physicians in adapting their bedside manner to telehealth, demonstrating empathy during virtual visits and improving practice revenue through a hybrid care delivery model?
- What steps are you taking to help clinicians cultivate the skills needed to work effectively as team members?

Focus: Keeping Pace with Future Demand

Growing a robust workforce capable of providing accessible, equitable, high-quality patient care demands a multifaceted approach. Recruitment and retention must continue to be top priorities to ensure highly qualified, flexible and committed clinicians who are passionate about the health and well-being of all patients.

Understand the Need

Physician workforce volatility.[72, 73]

By the latter part of 2020, about 8% — around 16,000 — physician practices had closed because of the pandemic, and an additional 4% planned to close within the next 12 months. About 16% of physicians anticipated changing their practice patterns within the next year, whether moving to new employment or practice, no longer treating patients or working only on temporary assignments. Among employed physicians, half said they planned to switch employers, 21% said they would retire early and 15% decided to quit medicine.

More pandemic upheaval.[74]

More than 22% of nurses indicated they were considering leaving their current position within the year, with 60% of those saying they were more likely to do so since the pandemic. The top three driving factors were insufficient staffing, workload intensity and emotional toll. More than half planning to leave said they were looking at another career path, wanted to stop providing direct patient care, planned to retire or leave the workforce entirely. On the other hand, 17% of nurses reported that the pandemic increased their desire to stay in the profession.

The "Fauci Effect" bumps up interest.[75]

In 2020, applications to medical schools also jumped 18% and enrollment in bachelor of science in nursing (BSN) degree programs increased nearly 6%. Two-year associate degree programs in nursing also appear to be following suit. However, tens of thousands of qualified applicants are turned away annually due to a shortage of faculty, clinical training sites and classroom space. More than 222,000 nurses took the National Council Licensure Examination last year, an increase of 5%, indicating that some people who earned nursing degrees but haven't been practicing are having a change of heart.

Nursing vacancies, turnover and costs are up.[76, 77]

Seventy percent of hospital executives reported losing from 5% to 30% of their nursing staff due to the pandemic, in most cases losing at least some to high-paying travel assignments. More than a third anticipated having more than 25 nurse openings this year, up from 17% in 2020, while 21% said they would have more than 50 vacancies and 11% predicted more than 100. More than 80% of chief nursing officers and chief human resources officers (CHROs) have seen an increase in permanent nurse turnover during the pandemic. Record demand for travel nurses drove up the average annual salary to $122,000, from $112,000, by year-end 2020, and signing bonuses increased 12% to $9,190, from $8,200.

Rosy outlook for health care employment.[78, 79]

Across the board, the U.S. economy shed millions of jobs during the pandemic. Although health care still numbers 500,000 jobs below pre-pandemic levels, the Bureau of Labor Statistics projects that about 2.4 million new jobs will be added by 2029, faster than average for all occupations and similar to pre-pandemic estimates. The growing complexity of patient needs also will require broadening the scope of practice for many health care professionals as well as increasing demand for specialists in primary care, long-term care, behavioral health, and public and community health.

Hiring diversity still lags.[80]

The disproportionate impact of COVID-19 on communities of color highlighted health care's racial and socio-economic inequities, which are amplified by the lack of diversity among physicians and surgeons, nearly 65% of whom are white. Less than 6% are Black and only .75% are Latino, even though Blacks comprise more than 11% of the U.S. population and Latinos close to 5%.

Rethink Innovatively, Act Intentionally

Reenvision rather than simply rebuild.[81, 82]

While the pandemic has spotlighted many factors that are pushing nurses away from the workforce, it also sheds light on what they value most about the work they do. The disruption and chaos have created a unique opportunity to fundamentally reevaluate how to deliver care and manage workforces, incorporate new learnings and workforce aspirations, and reframe the path forward.

Recognize that retention strategies are not one-size-fits-all.[83, 84, 85, 86]

Boost retention by listening to what clinicians want and need, and tailoring solutions appropriately:

- While all nurses seek appropriate and sufficient recognition and compensation for expertise and effort, some may put a premium on other factors including flexible scheduling, strong management support, open lines of communication, input into decision-making, or help with child or eldercare.
- Surveys of employed physicians indicate that increased pay, additional time off, reduced on-call

and paid sabbaticals are key retention factors. But other factors that can boost satisfaction include increased autonomy, more face time with key leaders and more formal recognition for job performance.

Lean more on advanced practice nurses.[87, 88]

Licensed nurse practitioners (NPs) took on greater responsibility during the pandemic when many state executive orders granted them larger roles, given the pressing need for primary care professionals. Their role will continue to grow along with value-based care models. Their ranks are also expanding, increasing 12% in the last year to a record 325,000-plus. Nationwide, more effective use of NPs and physician assistants could have the same impact as adding 44,000 new primary care physicians.

Strive to become a preferred millennial/Gen Z destination.[89]

As workforce shortages continue, new clinicians can be selective about where they work and for what kind of organization. Offering millennials the ability to tailor their schedules to allow time for innovation, or creating a career lattice that enables them to move in many directions within your organization can be appealing. Sharing your mission, values and diversity, equity and inclusion (DEI) goals can be critical to Gen Z employees who often value culture fit over traditional benefits.

Diversify and strengthen diversity recruiting.[90]

Review and expand your talent sources to ensure that you're tapping into diverse school populations, networks and events that reach diverse candidate pools:

- Leverage social media as part of your recruiting channel mix.
- Make sure you get the word out about your DEI commitment by publicizing the right content to the right audiences.
- Encourage diverse leaders in your organization to share their stories.
- Walk in the shoes of a diverse job seeker and take an honest inventory of your candidate's experience to weed out racial, gender and other conscious or unconscious bias.

Urge congress to prioritize funding support.

At the federal level, the AHA is urging Congress to pass bills to address clinician shortages and bolster the health care workforce, including:

- Resident Physician Shortage Reduction Act of 2021 (S.834/H.R. 2256), which would add 14,000 Medicare-funded residency slots.
- Dr. Lorna Breen Health Care Provider Protection Act (S.610/H.R. 1667), which aims to prevent suicide, burnout and behavioral health disorders among health care professionals.
- Healthcare Workforce Resilience Act (S.1024/H.R. 2255), which would expedite the visa authorization process for qualified international nurses.
- Future Advancement of Academic Nursing Act (S.246/H.R 851), which would support nursing education and provide resources to boost student and faculty populations, as well as support educational programming, partnerships and research at schools of nursing.

Advocate for state legislative support.

Creative state-level strategies, often in partnership with state hospital associations, community colleges or health professional organizations, can help fill the RN pipeline.

- With state funding, the New Mexico Nursing Education Consortium expanded a common pre-licensure BSN degree curriculum. It is now offered in 16 locations throughout the state, with a BSN degree also offered in most.
- In South Carolina, legislation soon may allow students to pursue a health profession career via the technical college system at virtually no cost.
- In Tennessee, legislation may streamline onboarding by allowing nursing graduates to practice under the supervision of a licensed RN while awaiting testing and licensure.

Recruit outside the lines.

Expand your recruiting efforts beyond your state lines, capitalizing on your ability — and the increased expectation of candidates — to connect and interview via virtual platforms. Also consider proactively recruiting candidates who are disillusioned with or laid off from other industries and are now seeking to make a career shift, especially to a mission-driven field like health care.

Integrate workforce planning with strategic planning.

As the health care landscape is transformed by such key forces as the societal factors that impact health, emerging technologies and consumerism, deepen your understanding of the impact on the workforce, the nature of the jobs clinicians perform and how to help clinicians prepare for and embrace change.

Considerations for the Future

- Are you reimagining delivery models to boost nurse satisfaction, such as expanding use of telemedicine platforms that allow nurses to work remotely more often?
- Do you foster nurse engagement and retention by regularly soliciting and acting on their input through structurally embedded opportunities like shared councils and committees?
- Are you taking a multipronged approach to hiring diverse talent at all junctures of the career journey, from students to seasoned medical professionals?
- Have you reviewed and updated your succession planning strategies for clinicians?
- What technologies are you exploring to help you optimize clinical workforce productivity and ensure patient access to health care when clinician numbers are limited?
- What gaps do you have to address so that you can quickly and efficiently ramp up, deploy and support staff during the next emergency or pandemic?

Health Care Talent Scan
Ask the Experts

Diversity in the workforce is just one piece to closing care disparities. How can health care senior leaders escalate the recruitment of diverse clinicians and nonclinicians alike and nurture a supportive culture that strengthens retention?

JOY A. LEWIS
Senior vice president, health equity strategies; executive director, Institute for Diversity and Health Equity, American Hospital Association

Ensuring that the workforce reflects the diversity of the community that a hospital serves is a critical factor toward building trust between patients and providers. The data are indisputable; having a diverse set of perspectives leads to better decisions, which leads to better care. It is one thing to recruit individuals who possess diverse characteristics into a work environment, and it is another level of effort to include and embrace them as team members who bring value.

For diverse, talented candidates to thrive in the workplace, there has to be a culture and a set of organizational priorities that require human resources leaders and other senior leaders to be intentional about investing in the necessary support to retain and position these individuals for successful careers. These include mentoring, executive sponsorship, coaching and employee resource groups. It is also important to move from one or two individuals who bring diversity (tokenism) to a sizable number, and that will only occur through targeted efforts. For example, for every open position in the hospital/health system, there should be a diverse slate of candidates under consideration. In addition, there has to be equal opportunity for diverse leaders to have their voices heard at the table. Far too often, leaders are recruited based upon their diverse and inclusive attributes, but the organizational culture does not lend them an opportunity to voice their opinions on all topics, especially those that span outside of diversity and inclusion.

Culture shifts do not happen overnight. So, be relentless in the pursuit of a diverse, equitable and inclusive work environment. I cannot overstate how important diversity and representation is for driving better organizational decision-making and improved patient outcomes.

How will the training of incoming nurses and physicians need to change to prepare them for managing during a pandemic or other crisis? Have you heard of any interesting partnerships to help in this area?

ROBYN BEGLEY, R.N
Senior vice president & chief nursing officer, American Hospital Association; CEO, American Organization for Nursing Leadership

One of the early lessons learned from the COVID-19 pandemic was the importance of cross-training nurses and physicians to work outside of their specialties to cover care needs, regardless of the department or care setting. Additionally, new models of care emerged utilizing interprofessional teams. It is critical that we incorporate these lessons learned in nursing and medical education curricula and clinical training.

After convening a cross-section of health leaders in academia, practice and regulation, the Tri-Council for Nursing issued its report "Transforming Together: Implications and Opportunities from the COVID-19 Pandemic for Nursing Education, Practice, and Regulation," identifying lessons learned and opportunities to transform the future of health care. Under the recommendation for rapidly mobilizing health care to respond to future emergencies, the report calls for educational resources to support disaster response and competencies, as well as robust national models for mobilizing and cross-training resources.

Building a culture of safety and prevention is essential to preparing health care workers and organizations for future emergencies. The Centers for Disease Control and Prevention developed a collaborative with the AHA and a diverse group of other health organizations to create Project Firstline, a national training program that takes an interprofessional approach to infection control. Through Project Firstline, the AHA offers hospitals and health systems the tools and resources needed to engage all stakeholders — from bedside nurses to administrators and environmental staff — to identify areas of improvement, commit to an action plan, monitor practices and adjust as needed.

PATRICE M. WEISS MD, FACOG
Chief medical officer- executive VP, Carilion Clinic; professor of OB/GYN, Virginia Tech Carilion School of Medicine

COVID-19 forced hospitals, health systems and their clinicians to rapidly adapt practices and care for communities in new ways. Team models that allowed all practitioners to work at the top of their scope and support a larger number of patients were put into place and just-in-time cross-training allowed hospitals to adjust to the quickly evolving aspects of pandemic care.

As we look to train the next generation of clinicians, we must apply core lessons from COVID-19: Increase flexibility and nimbleness while maintaining high-quality care and supporting the well-being of our teams. Core to that is broadening infection-prevention education to allied health professionals and ensuring that clinicians learn the roles of everyone on the health care team, clinical or otherwise, to address infection prevention and control.

What innovative approaches and/or strategies are hospitals or health systems taking in response to the physical and emotional impact that COVID-19 has had on front-line clinicians, particularly their mental health needs?

GAURAVA AGARWAL, M.D.
Associate professor of psychiatry and behavioral sciences and medical education; director of physician well-being, Northwestern Medicine Medical Groups; director of undergraduate medical student education in psychiatry, Northwestern Medicine

Health care workers and community members have faced, and are still facing, challenges as never before due to the COVID-19 pandemic. Initially, we focused on obtaining needed physical PPE to protect the health of clinicians and staff, but equally important then and now is psychological PPE to protect their mental health. Comprehensive resources include providing PPE for primary prevention such as strong leadership and communication as well as stress reduction strategies, secondary prevention resources such as peer support, and tertiary prevention resources including EAP resources and readily accessible therapy and/or medications.

To support this work, the AHA released "AHA Hospitals in Action: Supporting Care Teams," compiling hospitals' and health systems' stories on how they are supporting health care workers' well-being during the COVID-19 pandemic, including the use of "lavender carts," time-out rooms and easily accessible mental health programs. This resource is a companion to the recently updated "Well-being Playbook 2.0," which outlines leadership questions for scaling and sustaining well-being programs.

How can provider organizations develop and support efforts to create a more resilient clinical workforce?

SHARON PAPPAS, PHD, R.N., FAAN
Chief nurse executive, Emory Healthcare

At its core, addressing burnout is about helping care teams recapture the joy and purpose of their work. The goal is not simply an absence of burnout; but to cultivate a culture of well-being so clinicians can provide the best care possible for their patients. COVID-19 has added new complications and urgency to the challenges faced when administrative burden and care that is delivered through a series of disconnected tasks, suboptimal communication systems, and unbalanced teams collide with an extended crisis. In addition, the traumatic impact of the pandemic, in particular on clinicians in hard-hit areas, has amplified the need for support and efforts to improve wellness and well-being. The process will take time, but the journey to a strong sustainable culture begins with a few steps, outlined in the AHA's "Well-Being Playbook":

- Create an infrastructure for well-being.
- Engage your team.
- Measure well-being.
- Design interventions.
- Implement programs and changes.
- Evaluate program impact.
- Create a sustainable culture.

BECKY RAUEN
ASHHRA board vice president; vice president, human resources, North Memorial Health

Organizations need to help caregivers accept or acknowledge their need for support – that it's OK to get help, and that they needn't fear being seen as incompetent. Leaders need education to recognize when their team members are in distress and how they can provide support. Peer-to-peer support programs are also important. Finally, organizations must not only support team members' resilience, but they must also address organizational and operational problems that may impede their work.

EMILY ENDERT
ASHHRA board member; director of human resources, Covenant Woods

Make mental health services available and encourage people to take time off to have some fun. Taking time to be creative and get your mind off work rejuvenates you, so that you are your best when you are on the job.

In what ways will regulatory and policy changes resulting from the pandemic, such as expanded scope of practice for nonphysician practitioners or expanded telehealth reimbursement, affect the workforce?

AKIN DEMEHIN
Director, policy, American Hospital Association

The regulatory flexibilities provided during the pandemic were vital in allowing hospitals and their talented teams to respond quickly to provide access to care in a profoundly challenging and unpredictable environment. However, our members also found that making many of these changes permanent would advance the quality of care and improve the patient experience even beyond the pandemic. The AHA continues to work with its members and policymakers to identify and make permanent the regulatory changes needed to capitalize fully on these important innovations.

Physician and nursing shortages often were discussed before COVID-19. Do we have a sense of how significant the pandemic has been on doctors and nurses who are choosing to leave the field?

MARY ANN FUCHS, R.N.
American Organization for Nursing Leadership board president; vice president of patient care and system chief nurse executive, Duke University Health System

COVID-19 has taken a heavy toll on health care workers who have been on the front lines of the pandemic, with many suffering from trauma, burnout and increased behavioral health challenges. We are concerned about their well-being and are monitoring the number of clinical and administrative nursing leaders and physicians who are considering taking a break from direct patient care or permanently leaving the health care field.

The other issue is that nearly 40% of registered nurses are older than 50. Many put off their planned retirement so they could help their communities fight COVID-19 but, as the pandemic subsides, we likely will see them start to leave. This is also true with clinician leaders. While we do not have the data yet, anecdotally, we know this trend is beginning to occur.

The good news is, according to a new survey from the American Association of Colleges of Nursing, bachelor-degree nursing enrollment increased by 6%. Graduate-level nursing programs also increased in 2020. The downside is that we do not have enough nursing faculty to meet the demand for increased capacity in our colleges. Another challenge is the difficulty in expanding clinical sites for training. Nursing programs denied enrollment to more than 80,000 qualified applicants last year.

What do health care senior leaders need to do now and in the coming years to address clinical workforce needs in their strategic plans?

CHRISTINE GALLERY
Senior vice president planning & chief strategy officer, Emerson Hospital

In many organizations, key strategic plan "pillars" often will include People as a key area of focus, identifying specific goals and objectives for the workforce strategy. Often the CHRO drives strategic planning for workforce which could include objectives

around recruitment, competitive compensation, flexibility for remote work or becoming an employer of choice. Additional strategies for retention and leadership development also might be included, such as implementing focused efforts on leadership education.

What can health care leaders do to cultivate an attractive and supportive environment for millennial and Gen Z clinicians and other vital hospital staff?

BECKY RAUEN
ASHHRA board vice president; vice president, human resources, North Memorial Health

- Encourage a work-life balance with flexible scheduling, remote work when possible and equity in workload and support.
- Provide stretch assignments, growth opportunities and promotions. Allow them to chase their passion.
- Offer a visible career plan — making them part of the decision-making in creating pathways — and a formal succession plan.
- Deliver direct and immediate feedback. Leverage technology to deliver real-time feedback and access to self-service development and answers to their questions.
- Provide both formal and informal opportunities for mentorship and work buddies.

EMILY ENDERT
ASHHRA board member; director of human resources, Covenant Woods

Create an environment in which people are comfortable speaking up and know that they are being heard. This may require a behavior change for managers and training to help them learn to slow down and listen without distractions.

What role will virtual training and on-demand learning tools play in helping to accelerate on-boarding, cross-training and ongoing professional development?

JEREMY SADLIER
Executive director, ASHHRA

Technology is always adapting, and organizations will have to do so as well. The idea of a static or fixed training or learning solution needs to be sunsetted: Don't create your education tools around today — plan your education around constant change and adaptation.

BECKY RAUEN
ASHHRA board vice president; vice president, human resources, North Memorial Health

On-demand training allows for flexibility, but you have to have technology that is easy to use and you may need to provide training. In this environment, we need to interview, select and onboard fast to get the best candidates, and virtual training can help accelerate onboarding. However, you shouldn't have everything virtual — there is a networking and relationship balance that is important to keep.

EMILY ENDERT
ASHHRA board member; director of human resources, Covenant Woods

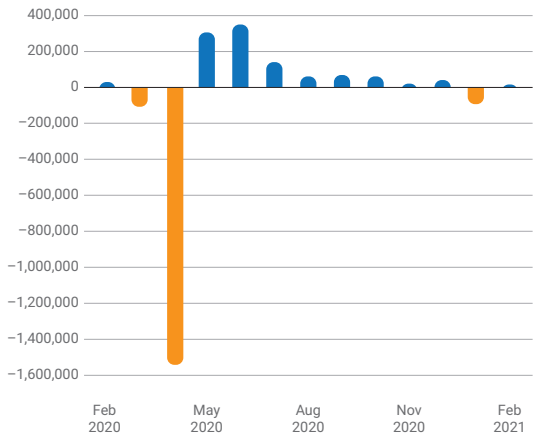
Virtual training is critical for on-demand needs. It will be important to have small bites (10 minutes or less) so that people can learn on the run without feeling bogged down. Also, simple one- or two- click access will encourage them to use the on-demand training options.

By the Numbers

Effects of COVID-19 Pandemic on 2020-2021 Health Care Workforce

Ups and Downs in Job Numbers

- Health care workforce declined 3.5% (from 16.49 million jobs to 15.92 million) between February 2020 and February 2021.[91]
- Hospitals added 31,500 jobs in December 2020, compared with 4,700 job gains in November and 16,200 job gains in October.[92] December's was the largest monthly increase since the beginning of the COVID-19 pandemic, but nearly 70,000 fewer than at the March 2020 peak.[93]
- Hospitals began 2021 with four months of job losses:
  - January — 2,100, the first job loss seen since losing 6,400 jobs in September 2020.[94]
  - February — 2,200[95]
  - March — 600[96]
  - April — 5,800[97]
- In a turnaround, hospitals added 2,900 jobs in May.[98]

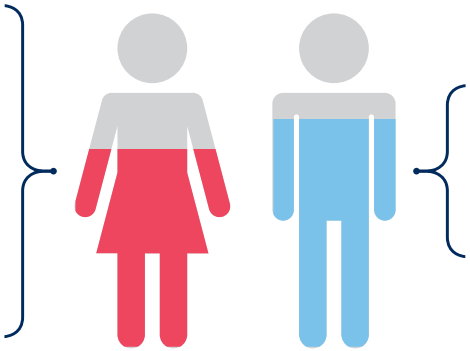


Month-over-month Change in Health Care Employment, Seasonally Adjusted[99]

Health Care Job Declines by Gender: February 2020 to October 2020

Women held 530,000, or 3.8%, fewer 2020 health care jobs in October than in February, likely due to limitations on safe and affordable child care.[100]

200,000 women's jobs were lost in nursing homes, likely due to fewer elective surgeries and subsequent demand for rehab, the toll of COVID-19 on residents and people opting for in-home care.[101]



Men held 36,000, or 1.2%, fewer 2020 health care jobs in October compared with February.[102]

By the Numbers

CONTINUED

Mental Health Issues and Burnout

Physicians' Mental Health During COVID-19[103]

50% experienced inappropriate anger, tearfulness or anxiety.

8% had thoughts of self-harm.

Physician Burnout Increased in 2020[104]

- 42% felt burned out.
- 69% were somewhat or very happy in 2020 before the pandemic started; that fell to 49% during the pandemic.
- 51% of female physicians vs. 36% of male physicans felt burned out, widening the historic gap.
- 51% of critical care physicians felt burned out, the highest rate among all specialties.
- 79% said their burnout began before the pandemic.
- The 3 most common burnout contributing factors: too many bureaucratic tasks, too many hours spent at work and lack of response from leaders or colleagues.

Nurses' Mental Health During COVID-19[105]

- 73% suffered from challenges with sleep.
- 50% felt overwhelmed.
- 30% suffered from challenges with sleep.

Nurse Burnout Increased in 2020

Comparison of High Burnout Levels Pre-Pandemic and 6 Months In[106]

TYPE OF NURSE	VERY BURNED OUT BEFORE PANDEMIC	VERY BURNED OUT 6 MONTHS IN
Registered nurse	4%	18%
Licensed practical nurse	6%	20%
Nurse practitioner	5%	13%
Clinical nurse specialist	3%	12%
Certified registered nurse anesthetist	3%	10%
Nurse midwife	5%	13%

By the Numbers

CONTINUED

Health Care Workforce Overview

Clinician Workforce Shortages

Physician Shortages

- A primary care shortage is projected to be between 21,400 and 55,200 physicians by 2033.[107]
- A large portion of the physician workforce is nearing traditional retirement age.[108]
- The U.S. is projected to experience a shortage of more than 7,900 intensivist physicians during the pandemic.[109]
- In early August 2020, 26 states were at risk for shortages of intensivists.[110]

Nursing Shortages and High Demand

- Demand for registered nurses is expected to grow by 12% (much higher than the average for most professions). 371,500 new RN jobs will be added by 2028.[111]
- Demand for travel nurses to care for COVID-19 patients climbed 239% from September 2020's 12,800 job openings to 30,880 on Jan. 4, 2021.[112]
- Nurse practitioner employment will grow by 52% between 2019 and 2029, likely as a response to the primary care physician shortage.[113]

Trends and Expectations

- More women are becoming physicians: 36.3% of the 2019 physician workforce vs.28.3% in 2007.[114]
- More men are becoming nurses: 2.2% of nurses were male in 1960 vs. 12% in 2019.[115]
- From the current 26 states and territories that grant nurse practitioners full practice authority, more are likely to follow suit based on the pressing need for primary care providers and recommendations by the National Academy of Medicine and National Council of State Boards of Nursing.[116]
- More physicians are specializing in sports medicine: up 55.3% between 2014 and 2019.[117]

6 of the 10 Fastest Growing Occupations Are Related to Health Care[118]

Percentage Growth, Projected 2019-2029

JOB	GROWTH %
#2 Nurse practitioners	52.4%
#5 Occupational therapy assistants	34.5%
#6 Home health & personal care aides	33.7%
#7 Physical therapist assistants	32.6%
#8 Medical & health services managers	31.5%
#9 Physician assistants	31.3%

Resources

www.aha.org/workforce

is the American Hospital Association's hub for workforce-related resources. It includes relevant news, reports and white papers, links to upcoming conferences, and webinars, archives of past events, and case studies and a variety of resources for workforce development.

The AHA has multiple divisions that address workforce issues:

AHA Physician Alliance
(https://www.aha.org/aha-physician-alliance)

American Organization for Nursing Leadership
(https://www.aonl.org)

American Society for Health Care Risk Management
(https://www.ashrm.org)

Institute for Diversity and Health Equity
(https://ifdhe.aha.org)

Association for Healthcare Volunteer Resource Professionals
(https://www.ahvrp.org)

AHA Team Training
(https://www.aha.org/center/performance-improvement/team-training)

Hospitals Against Violence Initiative
(https://www.aha.org/hospitals-against-violence/human-trafficking/workplace-violence)

COVID-19: Stress and Coping Resources
(https://www.aha.org/behavioralhealth/covid-19-stress-and-coping-resources)

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