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2024 HEALTH CARE WORKFORCE SCAN

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2024 American Hospital Association Health Care Workforce Scan

Health care is about people taking care of people. That's why a strong and healthy workforce is the backbone of American health care.

However, we know that an aging workforce, combined with a surge in retirements and the stress associated with responding to the pandemic have exacerbated the health care workforce challenges creating a national emergency that needs attention.

Hospitals and health systems are responding with new approaches and renewed determination to "care for the caregivers" and support them in all facets of their work.

In addition, hospitals and health systems across the country are working to expand training options, recruit internationally, launch nurse education and upskilling programs, reimagine care delivery models, invest in advancing leadership and technology skills development, partner with others for long-term solutions and analytics, and provide nontraditional support for health care workers, such as subsidized housing opportunities.

For the past two years, the AHA Board of Trustees' Task Force on Workforce has been leading broad-based efforts to develop strategies and share resources to support hospitals and health systems on this important work.

As part of these continued efforts, we're excited to share the AHA's 2024 Health Care Workforce Scan. Reviewing the latest reports, studies and other data sources, it provides a current snapshot of America's health care employment, plus insights and practical recommendations to guide your organization forward.

Health care workers are critical to hospitals' missions of treating patients and saving lives each and every day. They make it possible for hospitals and health systems to always be there, ready to care.

It is essential that we all work together as we continue to develop resources and strategies to protect and optimize the well-being of current health care workers and future generations of caregivers.



Rick Pollack
AHA President and CEO



John M. Hauptert
AHA Board Chair
President and CEO,
Grady Health System

Preparing for Tomorrow — Today

As the chair of the AHA Board of Trustees' Task Force on Workforce for the past two years, I have been fortunate to work with colleagues and experts in defining and examining the workforce challenges our field faces. The goal of our task force, comprising nurse, physician and executive leaders, is to provide tools, data, best practices and strategies to strengthen the health care workforce right now, soon and over the long term.

The complex workforce challenges hospitals and health care systems face are an amalgam of new concerns and old issues. Successfully navigating them requires an ongoing commitment to develop innovative, multifaceted solutions. Our framework for action encompasses strategies ranging from addressing team well-being, to integrating data and technology to support the workforce, to transforming care model design and expanding educational pathways.

Delivering high-quality, compassionate care to the communities we serve remains our top priority and, of course, our ability to

provide that care depends on a strong, well-supported workforce. It is imperative that we address the root causes of emerging and continuing workforce issues, and thoughtfully develop and implement sustainable solutions for improvement.

To help you explore new strategies and embrace opportunities, this Workforce Scan offers valuable insights into the workforce landscape and practical guidance from experts and your peers. Together, we can grow our teams and support the dedicated workers at every level of our organizations who put patient needs front and center, every day.



Ron Werft

Chair, AHA Board
Task Force on Workforce
President and CEO,
Cottage Health



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Overview: Reimagine / Redesign / Transform

The Biden Administration officially ended the COVID-19 national emergency on April 11, 2023, and the public health emergency on May 11, 2023. Unfortunately, the virus won't disappear by decree, nor will its impact on health care. The pandemic introduced new challenges, accelerated existing trends and compounded the need for fundamental changes in how patient care is delivered and managed.

To thrive in today's health care environment, hospitals and health systems must have the vision and commitment to:

*Creatively **reimagine** workforce roles and responsibilities.*¹

Going forward, the health care workforce will be configured and distributed differently. Even as demand for patient care increases, due to the aging of our population and ever-accelerating clinical advances, the overall workforce size likely will be smaller given ongoing labor shortages and financial pressures. As a result, hospitals and health systems must redesign provider and business staff roles and functions, and automate certain tasks, to maximize the ability to care for patients and increase administrative efficiency.

The Future of Health, a global organization of senior executives from leading health organizations, has identified five imperatives for successfully building the workforce of the future:

1. **Embrace** technological change and support the resulting adaptive change.
2. **Capitalize** on opportunities to mitigate workforce dissatisfiers.
3. **Establish** a shared vision, create a guiding coalition and achieve short-term wins.
4. **Expect** and develop strong leadership at all organizational levels.
5. **Revamp** education to include interprofessional training, robust simulation experiences and digital skill building in conjunction with traditional training methodologies.

*Strategically **redesign** care delivery and practices.*²

Hospitals and health care systems must develop and implement new models and/or update existing ones to optimize care delivery and support the health of the communities they serve. A core component of these models will be to create more effective and efficient teams, whether through technology, increased flexibility, specialized gig/floater options or other strategies.

Front-line workers and leaders alike will need to expand their skill sets to include technological fluency, virtual management, strong collaborative capability and expertise in caring for a more diverse patient population that includes many living with multiple chronic conditions. At the same time, health care workers will seek greater job flexibility, well-being support and decision-making participation.





*Successfully **transform** workforce culture and patient care.*³⁻⁵

Leveraging lessons learned during the pandemic enables hospitals and health care systems to think innovatively and act with agility. Integrating this knowledge with experience and insight into future needs offers the following practical guidance for transforming workforce culture.

- **Demonstrate a crystal-clear commitment** to serving patients and communities. A shared goal provides powerful workforce motivation.
- **Align leadership teams** on priorities and strategies to ensure effective change management.
- **Recognize the value** of team member voices when initiating and effecting positive change.
- **Eliminate hurdles and reconfigure complex processes** that impede high-quality care, whether related to discharging patients or hiring and onboarding employees.
- **Enable all team members to bring their whole, authentic selves** to their roles.
- **Capitalize on technology** to expand access to care and to reduce the burden of administrative work for team members.
- **Support equitable and inclusive health care** delivery.
- **Reinforce that people are a top priority** by investing in the emotional and physical health of team members. It is critical to care for those who provide care.

Key Drivers Transforming the Health Care Workforce

Four fundamental factors are propelling core changes in the health care workforce as the aging U.S. population continues to grow, requiring more care from fewer, younger workers.

1. Traditional staffing models need astute reexamination and comprehensive modernization.⁶

In the current environment, it takes a village to manage patient care. Many units now lack stable core teams of providers, and it is unlikely that staffing levels will increase sufficiently to return to previous practice. Providers must determine better ways to support licensed and nonlicensed professionals at the bedside, in the lab and throughout the organization to achieve desired goals without overburdening team members. Effective unit-level leaders also will rely more heavily on a team approach.

2. Technology continues to be a game changer.⁷⁻¹⁰

From telehealth and virtual nursing to artificial intelligence (AI) and beyond, technology plays a growing role in health care, both clinically and administratively. Investment in technology is crucial but requires thoughtful consideration of value and potential outcomes, given the ongoing financial pressures facing health systems.

Regular telehealth usage is expected to climb from the current 25% level back to pandemic highs of 70%.

Providers anticipate that virtual consultations will increase in the next one to three years and be adopted more widely in disciplines beyond primary care and behavioral health. AI is also playing an expanded role across all aspects of health care, including the workforce.

Nearly half of health care executives report that their health systems are using AI to tackle workforce challenges. Technology will play a crucial role in easing the burden for caregivers, whether by using AI to create clinical notes or relying on robots to transport medications. Effectively and productively integrating digital solutions like telehealth, virtual nursing and AI into clinical workflows, as well as streamlining business processes like revenue cycle management and coding to capture revenue more efficiently, requires staff and leadership training as well as input and involvement from those who will be using the technology.

3. Care continues to move beyond hospital walls.¹¹

The multiple benefits of providing ambulatory, community-based and at-home care include reduced cost, greater convenience and broader health care access, all of which improves health equity. Business management consultant Gartner predicts that by 2025, 40% of health care providers will shift 20% of hospital beds to patients' homes through digitally enabled hospital-at-home services like remote patient monitoring and AI.

4. Hybrid workforce policies are gaining traction.¹²⁻¹⁷

Health care has lagged other industries in adopting hybrid work models, but that is changing. In one study, more than one-third of providers plan to mix in-person, hybrid and remote models primarily for administrative work, but also for care delivery.

More than three-quarters of the medical practices that adopted hybrid or remote care delivery models during the pandemic found them so beneficial to productivity and employee morale that they continue to use them. The Cleveland Clinic offers three flexible work models for administrative staff: remote full-time, hybrid and on-site. More than 10% of its staff work remotely, either full- or part-time, and report higher engagement, less burnout and higher satisfaction than nonhybrid employees. Baptist Health Louisville (Kentucky) has boosted recruitment success and employee satisfaction by sticking with a hybrid work model rooted in the pandemic. Close to 2,800 support department workers, including finance, legal, human resources (HR) and supply chain, are mostly or fully remote, and the health system is devising a gig approach to add flexibility to clinician shifts.

On the clinical side, virtual nursing provides remote work opportunities, as do several other roles, including behavioral health case manager; ear, nose and throat nurse practitioner; diabetes care and education specialist; hospice clinical manager and compliance nurse.



On the Front Burner: Providing High-quality Care with a Changing Clinical Workforce ¹⁸⁻²¹

By 2030, one in five Americans will turn 65, and the oldest baby boomers will be pushing 85. The hard truth is that the health care system will care for a growing number of aging patients who are living longer, often with more complex, chronic medical conditions.

At the same time, recruiting, training and retaining workers will be more challenging than ever. National Council of State Boards of Nursing research found that approximately 100,000 RNs left the workforce during the COVID-19 pandemic. Almost 800,000 additional RNs — including nearly 189,000 who were younger than 40 — reported an intent to leave the workforce by 2027 due to stress, burnout or retirement. Two out of three physicians reported considering an employment change, and more than one-third of those surveyed say they were contemplating early retirement due to overwork.

As a result, reexamining and redesigning clinical care delivery and staffing strategies have become imperative. Two-thirds of health care leaders surveyed believe their organization’s current care delivery models need to change. Many organizations tested the creative models that emerged during the pandemic, and others reenvisioned and revised traditional ones.

Analyzing outcomes, understanding what worked and what didn’t, and piloting changes based on these data provide an excellent place to start — especially when paired with the effective use of existing and emerging digital solutions to augment, support and streamline workforce roles.

Case in Point: Team-based Care 2.0 ^{22,23}

The team-based care model has its roots in World War II when the military overcame nurse shortages by training ancillary health care staff and medics to work with nurses. The Veterans Administration health system later adopted the model, as did many other hospitals.

The modern-day model takes a more interprofessional approach than the traditional model and is managed by an experienced team leader knowledgeable in critical or specialty care who oversees team members moved to the unit to assist with care.

Benefits of an interprofessional team-based approach vs. a primary nurse model:

- Enables fewer specially trained physicians, advanced practice providers and RNs to manage a greater number of patients with the aid of support staff.
- Increases flexibility and agility to meet changing day-to-day needs and during crises.
- Provides additional support for newly onboarded nurses.
- Improves quality, patient safety and staff satisfaction and can be more easily scaled to the acuity of the patient population.



Extensive formal and informal communication among the team leader and members, including frequent huddles and rounding, is essential to ensure safe, high-quality patient care. Training programs like [TeamSTEPPS](#) can help develop the necessary skill sets for working productively in a team-based environment.

Case in Point: Float Pools → Flexible Resource Pools ²⁴⁻²⁷

Today's flexible resource pools differ from yesterday's float pools in many positive ways: (1) They utilize technology to forecast patient demand and combine precision scheduling and staffing, rather than relying on estimates and filling gaps at the last minute; (2) They are highly customized solutions designed to fit a health care system's specific needs, based on factors such as volume and census patterns; and (3) They create a desirable choice for nurses seeking to build a variety of skills.

Launched in May 2022 with 25 nurses, Jefferson Health's Nursing SEAL (Service, Excellence, Advocacy, Leadership) Team improved nurse staffing, patient care and health system finances in less than a year. Like the Navy SEALs special operations forces, the agile Nursing SEAL Team is deployed wherever the need is greatest.

The team cares for patients across the health system's 18 hospitals in southeastern Pennsylvania and southern New Jersey, meeting 12%-16% of identified staffing needs on a weekly basis — needs that previously went unfilled or were staffed with core staff overtime, agency nurses or premium-paid shifts. Using SEAL nurses instead of external agency nurses supports more consistent patient care while also saving millions of dollars annually.

The SEAL nurses self-schedule in six-week periods, receive full-time benefits and can take advantage of professional growth and development opportunities. They work primarily in one of three specialties: medical-surgical/telemetry, critical care/intermediate or emergency services — but Jefferson Health is looking to add additional specialties such as surgical services and respiratory therapy.

Nearly one-third of the current SEAL nurses were internal hires. In addition to requiring a minimum of two years' experience within their specialty of hire, a bachelor of science in nursing (BSN) degree and other certifications, Jefferson Health looks for candidates who demonstrate resilience, adaptability, leadership ability and a desire to work in multiple environments.

Given the program's initial success and its popularity with operational leaders and front-line nurses, the health system plans to expand the team to 150 nurses, 50 more than initially anticipated.

Case in Point: Go Gig²⁸⁻³¹

Embracing the gig economy has helped health systems like Chesterfield, Missouri-based Mercy fill staffing gaps, reduce costs and boost nurse satisfaction. Using apps like ride-sharing tools connects hospitals to a broader and more fluid labor pool, and gives nurses more control than they have with agency contracts.

Mercy rolled out an app and online platform last spring that enables its full- and part-time nurses, as well as other local nurses, to pick up gig shifts across its more than 45 hospitals in Missouri, Oklahoma, Arkansas and Kansas. The initiative proved popular with nurses, bringing back joy in practice through improved work-life balance.

Tangible benefits for Mercy include:

- 50% decrease in agency spend, saving more than \$5 million.
- Fill rate improved by 2%, achieving target fill rate of 86%.
- Improved retention and recruitment by creating a 1,100-nurse gig workforce.

Case in Point: Fresh Take on Virtual Nursing³²⁻³⁵

Many health systems are revisiting virtual nursing, which was introduced a couple of decades ago. They are piloting and scaling up their programs to supplement staffing. Virtual nursing through partnerships with telehealth providers or development of homegrown solutions allows nurses to work remotely and frees up bedside nurses to provide physical and emotional care. Virtual nurses can answer patient questions, talk with family members, handle admission and discharge documentation, enter electronic health record (EHR) notes and precept less experienced nurses.

When Providence, based in Renton, Washington, introduced an innovative Co-Caring virtual nursing model to 10 sites, it did more than add a virtual nurse to the care team; it adjusted all provider roles. Home-based virtual nurses support bedside caregivers by helping with admissions, discharge, medication reconciliation and other administrative tasks, allowing nurses to practice at the top of their licenses and boosting satisfaction. First-year turnover rates at Covenant Medical Center, which piloted the program, dropped by 73% for RNs and 55% overall.

Ochsner Medical Center in Louisiana piloted a virtual nurse model in 2017 in which bedside and virtual nurses share responsibilities for patient care in medical-surgical and telemetry units. Their experience has yielded numerous benefits:

- Improved nurse engagement and retention.
- Fostering team collaboration and nursing peer support.
- Lower mortality and readmission rates.
- Greater flexibility in bed placement optimization.

The program's success encouraged Ochsner to expand the model. Physician teams use the platform to provide virtual medical consults. The night hospitalist team has incorporated virtual nurse practitioners to support the night shift for nonemergent interventions and pharmacists conduct virtual medication reconciliation and education as part of the discharge process.

3 THINGS TO THINK ABOUT

1. How can you involve the full team, including patients and families, in evaluating and improving care models?
2. What opportunities can you create to bring other team members into your workflows or expand roles for unlicensed care staff or those in nonclinical, patient-facing positions?
3. Ask your clinicians what one rule or process they would change to improve the patient care experience and why.

MORE FROM YOUR PEERS

- When turnover climbed toward 30% during the pandemic, Memorial Hermann Health System in Houston radically revamped its internal staffing agency of 1,000-plus floating employees to offer a variety of flexible work programs focusing on different priorities, such as the desire to have more time off or preferences to work close to home or earn a higher rate. [Learn more.](#)
- CommonSpirit Health is piloting a virtually integrated care team model that goes beyond virtual nursing to enhance patient care through technology at Saint Joseph Hospital in Lexington, Kentucky. Early results already show higher patient and nursing satisfaction scores and decreased infections, falls and lengths of stay. The health system plans to implement virtual nursing across all 140 hospitals within five years. [Learn more.](#)
- Trinity Health's Virtual Connected Care Program uses a three-person team — an RN, licensed practical nurse (LPN) and virtual nurse — to deliver patient care. Among other benefits, virtual nurses have proactively anticipated patient needs, providing an improved care experience. [Learn more.](#)
- SSM Health in St. Louis uses two apps to offer nurses premium pay and shifts, sometimes scheduling shifts as short as 90 minutes if that is all that's needed to cover a busy period or allow a full-time nurse a lunch break. They used on-demand workers to cover almost 1 million hours last year, up from 20,000 in 2020. [Learn more.](#)
- Seeking to reimagine and improve care, Bon Secours in Virginia and South Carolina recruited nurses from a variety of specialties to staff a new Care Innovation Unit, dedicated to quickly developing, prototyping, testing and refining new ways to work. [Learn more.](#)





On the Front Burner: Building a Sustainable and Adaptable Talent Pipeline ³⁶⁻³⁸

No matter how care delivery models evolve, people taking care of people remains the bedrock of health care, and demand for care is growing. Which is why staffing — both clinical and non-clinical — remains a top concern of hospital leaders.

Uneven employment across the care continuum contributes to the challenge. For example, even as other health care sectors began to recover from staffing shortages, employment in skilled nursing facilities and long-term care lagged and currently is 250,000 below pre-pandemic levels. Ninety-six percent of nursing homes report difficulty hiring new staff, despite increased wages and bonuses, making it difficult or impossible for many hospitals to discharge patients to those settings. This disrupts transitions across the entire care continuum.

To grow and retain their workforce, hospitals and health systems need to pursue a multipronged approach that encompasses:

- Recruiting innovatively for clinical and nonclinical positions.
- Improving training and support practice readiness.
- Expanding career pathways.
- Building workforce diversity.

Employers must work closely with educational institutions to help them reexamine and restructure clinical training programs. It is crucial to identify current and future staffing needs to ensure that programs are educating the right professionals and that there are sufficient places to train them.

Hospitals and health systems continue to explore innovative ways to strengthen the talent pipeline, implementing or expanding a broad spectrum of strategies that span government and academic partnerships, apprenticeships, earn-to-learn programs, international recruitment, mentoring, nursing residencies and rehire-focused outreach.

Case in Point: Partnering Productively ³⁹

Baltimore County, University of Maryland St. Joseph Medical Center (UMSJMC) and Community College of Baltimore County (CCBC) have partnered to connect residents in historically underserved communities with high-demand nursing positions through customized educational programming and community wraparound support.

The Public Health Pathways Program pilot, launched this summer, provides 30 scholarships to cover the cost of tuition and educational fees for the CCBC Certified Nursing Assistants program. Participants also receive a \$1,000 monthly stipend, which they can use to supplement wages, support transportation or housing needs, pay for child care or cover other work-related barriers.

Once students graduate from the certified nursing assistant (CNA) program, UMSJMC will offer guaranteed employment with full benefits so they can continue their education in a Practical Nursing program, leading to becoming an LPN. This segment includes four months of prerequisites and 16 months of LPN education.

In addition, CCBC and UMSJMC will provide mentorship, tutoring and support for all participants, empowering them to enter a high-skill, high-demand career and build economic independence.

Case in Point: Upskilling for Advancement⁴⁰

Education benefits and one-on-one coaching can be career game changers. The Education Fund, a partnership among 20 health care employers and six local branches of the Service Employees International Union, reported that the combination helped allied workers develop new skills and advance into higher-wage careers, while simultaneously reducing staff turnover.

Partnering with coaching experts at InsideTrack, the Education Fund has provided allied health care workers with one-on-one coaching and wraparound services such as career counseling, tuition reimbursement and wage replacement to optimize educational opportunities. Participant wages have increased more than \$15/hour on average, and turnover was only 4% — a fraction of the rate for all employees.

The newest joint initiative is a Medical Assistant Pathway program that has already exceeded its enrollment goal by 140%.

Case in Point: Investing Upfront⁴¹

As a smaller hospital located in western Massachusetts, Holyoke Medical Center knew it had to be creative in attracting nurses and keeping expensive turnover to a minimum. Here's Holyoke's offer to the high-achieving graduate nurses accepted into the hospital's residency program: Commit to work for us for four years and we'll give you \$50,000 upon signing if you're coming from a baccalaureate program, or \$25,000 if you have a newly earned associate degree.

Nurses accepted into the residency enroll in a robust six-month education program that goes well beyond typical orientation. In addition to traditional unit multiweek orientations, the nurses participate in a five-hour class once a month that covers an expansive range of topics including critical thinking skills, stress management, journaling to reflect on clinical issues and experiences, and hands-on interactive skill building for intravenous line insertion, wound care, mock code blue announcements and other clinical skills.

The first cohort was hired last fall, and their feedback helped leaders tweak the program for the next cohort that entered the program earlier this year.

Case in Point: Going Mobile⁴²

Old Dominion University's School of Nursing believes it makes sense to tackle two challenges with a single entrepreneurial solution. In rural communities like theirs (Southampton County, Virginia), high unemployment and poverty levels, transportation challenges and limited health care access create health disparities. This challenge is compounded by a shortage of health care preceptors that makes it difficult for aspiring nurses to gain necessary clinical rotation experience.

Old Dominion customized a van to create a mobile health clinic, providing an opportunity for advanced practice students to work with interprofessional faculty nurse practitioner teams to bring care directly to residents. The students and faculty provide mental health, physical therapy, athletic training, dental hygiene, speech and human services. They also can draw blood and conduct testing, offer women's health care, and incorporate telehealth to connect with specialists and monitor patients with chronic conditions.

In addition to providing high-quality medical care and building their own preceptor infrastructure, Old Dominion hopes the mobile unit experience will inspire nursing students to stay and practice in the community.



Case in Point: Reconfiguring Clinical Training⁴³⁻⁴⁶

A shortage of nurse preceptors is also plaguing hospitals, exacerbating the challenge of onboarding new nurses. As a result, hospitals are incentivizing more nurses to become preceptors with a host of innovative strategies. These include convening unit council focus groups to gain insight into preceptor challenges and brainstorm solutions and meaningful recognition, developing preceptor mentoring programs, and encouraging new preceptors to participate in formal training such as the American Association of Critical-Care Nurses (AACN) Preceptor Challenge. The Missouri Hospital Association also has created training programs to prepare more RNs to serve as preceptors.

Investing in nursing educational leadership roles can supplement nursing school faculty along with strengthening the preceptor ranks. For example, Novant Health in Winston-Salem, North Carolina, has implemented a clinical teaching associate program that allows its nurses to serve as adjunct faculty for colleges seeking to expand clinical groups and/or class sizes.

The University of Maryland Medical System's (UMMS) new Academy of Clinical Essentials (ACE) initiative moves even further out of the box. Piloted in April 2022, the academic-practice partnership model pairs four nursing students with a UMMS-funded clinical nurse for a weekly 12-hour shift at the bedside. ACE provides a realistic clinical experience, allowing them to be immersed in all aspects of care and be accountable for patients. The program includes students from five schools in 50 cohorts across the system's 11 hospitals.

ACE not only supports a robust recruitment pipeline and student-to-qualified nurse pathway, but it also bolsters the nurse educator ranks by offering interested nurses the best of both worlds. They can serve as clinical instructors while continuing to practice in the hospital, earning a premium when they handle ACE shifts and avoiding a pay decrease for moving into education.

Case in Point: Purposefully Engaging Teens⁴⁷

Grady Health in Atlanta, the country's fifth largest public hospital, received so many applicants for its new Teen Experience and Leadership Program that it had to turn hundreds away. The 236 high school students selected for the inaugural program this summer had the opportunity to shadow professionals in the hospital in four-hour shifts. Shifts were offered throughout the day, seven days a week, to accommodate a variety of student schedules.

Program participants — who came from a wide range of public, private and charter schools, as well as home-schooling families across metro Atlanta — could choose to rotate through units ranging from clinical to human resources (HR), finance, legal compliance and other administrative departments. “We need to be sure we are feeding into all 42 assignments because staff are so excited to have people to teach and expose to health care, said Yolanda Wimberly, M.D., senior vice president and chief health equity officer.

The program surpassed Wimberly’s expectations in several ways. Students not only were given a hands-on look at multiple health care career opportunities, but they also cultivated compassion for patients and deepened their understanding of Grady’s role in caring for community members. They often built friendships with peers different from themselves, and they benefited from staff mentors willing to take them under their wings and provide life, school and career advice.

“I knew the kids would like it, but they’re loving it,” Wimberly said. “I didn’t realize the magnitude of how much they would get out of it.”

Case in Point: Earn While You Learn ⁴⁸

When the [University of Virginia \(UVA\) Medical Center](#) in Charlottesville decided to launch an “earn while you learn” program in March 2022 to address the significant staffing vacancies across its system, it didn’t anticipate how quickly the idea would gain traction. UVA began by recruiting 35 residents for a pharmacy technician program in June, then quickly expanded into other areas including CNA, emergency medical technician, medical assistant (MA), phlebotomist and sterile processing.

The program provides full-time salary and benefits, with approximately 50% of participants’ time spent in the classroom and the remainder in their clinical units to provide a more immersive education. Each participant is assigned a preceptor to help them build skills.

The first cohorts already are working on the floors and in the clinics and inpatient units. The program has inspired many participants to continue their health care path, and it has sparked interest in health care careers among high school students and members of local youth organizations. UVA plans to expand the program from certificate programs to two-year associate degree programs and other roles in radiology, respiratory therapy, surgical technologist teams and lab services that may require further education and certification.

3 THINGS TO THINK ABOUT

1. How can you partner with local secondary schools to generate interest in health care careers and/or enable certification, such as CNA, upon graduation?
2. Now that the economy and labor market have changed, what steps can you take to reconnect with and rehire previous employees, including RNs, CNAs, medical assistants, lab techs, environmental services personnel and others?
3. What outreach can you provide to veterans who already have medical training or to immigrants in your community who may have received specialized health care education and training in their home countries and also could help you meet multilingual and cultural competency needs?

MORE FROM YOUR PEERS

- Dartmouth Hitchcock Health partners with Colby-Sawyer College on the Workforce Readiness Institute to offer training for LPNs, MAs, surgical techs, pharmacy techs and ophthalmic assistants. The institute also offers opportunities for RNs to earn a BSN, including a new accelerated nursing degree option. Ninety percent of the first cohort in the accelerated program planned to join Dartmouth-Hitchcock as a nurse. [Learn more.](#)
- The Nevada Nurse Apprentice Program provides funding to support student nurse apprentice and preceptor wages while practicing their skills. [Learn more.](#)
- The Missouri Health Careers' [website](#) offers the opportunity to explore and compare health careers, schools and employment opportunities throughout the state.
- Rhode Island Nurses Institute Middle College, a tuition-free charter high school, focuses on educating nurses through academic rigor, leadership development and workforce readiness. [Learn more.](#)
- The partnership between Georgia State University's Byrdine F. Lewis College of Nursing and Health Professions and Grady Health delivers concrete benefits including increased nursing class size, adjunct faculty appointments for qualified Grady nurses, nursing scholarships and a new simulation center. [Learn more.](#)
- The nation's first tribally affiliated medical school, a partnership between Oklahoma State University and the Cherokee Nation, seeks to address community health care shortages by recruiting rural and indigenous students — both historically underrepresented in medical schools. [Learn more.](#)
- The American Association of Colleges of Nursing (AACN) describes an academic-practice partnership as a formal and intentional relationship between a nursing education program and a practice setting for improving public health and advancing nursing practice. Some clinicians and nurse executives believe academic practice partnerships are associated with reduced hospitalization lengths of stay, increased patient satisfaction, reduction in complications and patient recovery. [Learn more.](#)





On the Front Burner: Supporting Well-being, Satisfaction and Safety⁴⁹⁻⁵⁶

Ultimately, our shared goal is to build a health care system in which both health workers and patients thrive. Improving health worker well-being is a responsibility shared by health leaders, front-line workers and community members. However, maintaining engagement continues to be a priority and a challenge as burnout rates climb.

One study showed a 30-point jump over the previous year in respondents who named clinician burnout, disengagement and related issues the most disruptive forces in health care over the next three years. Other research found that 67% of nurse leaders identified emotional health as a major challenge, while physician burnout increased 6% to 53% in 2022 and nearly one-quarter of physicians reported experiencing depression. Yet only 11% of physicians participated in burnout-alleviation programs and two-thirds of nurses say they have not sought professional help.

Increased incivility, bullying and violence are also taking a serious toll on the health care workforce. Fifty-seven percent of nurses surveyed say they experienced workplace bullying or incivility from patients, and 53% experienced it from families. Nearly three-quarters of workers in critical care settings reported experiencing violence in the past year, and 25% are willing to quit because of the issue. Forty-two percent of nurses named the absence of a safe work environment as an important factor in deciding to leave direct patient care, a jump from 24% in March 2022.

The Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 7961) provides federal protections for health care workers who experience violence and intimidation in their workplace settings. The SAVE Act would provide protections similar to those in the federal statute that criminalizes the assault and intimidation of aircraft and airport workers. Ensuring that offenders are appropriately punished would help provide health care workers with a safer environment in which to deliver patient care.

Health care systems must nurture positive work environments and cultures that foster resiliency, ensure that clinicians' voices will be heard, capitalize on automation and AI to reduce time-consuming administrative burdens, and offer programs and policies that support well-being. Research shows that investing in team training programs such as [TeamSTEPPS](#), often with state or federal workforce recovery grants, can build a culture that increases feelings of value, creates safe psychological and physical environments, and reduces burnout while also improving team performance and patient outcomes.

Case in Point: Collaborating to Overcome Trauma and Build Resilience⁵⁷

Well before the COVID-19 pandemic, Northwell Health already had extensive experience supporting team and community members who experienced trauma. Psychiatric teams from the integrated delivery system with 23 hospitals, 800-plus outpatient facilities and 76,000 employees in New York state worked with people affected by Hurricane Sandy and Hurricane Harvey, veterans with post-traumatic stress disorder and 9/11 first responders at the World Trade Center.

The Northwell Health Center for Traumatic Stress, Resilience and Recovery (CTSRR) grew organically from these roots when the pandemic accelerated the need to create an organized structure to marshal care resources for its own workforce. A partnership among the behavioral health service, occupational medicine and HR departments, CTSRR aligns with existing employee assistance and employee wellness programs.

The Stress First Aid program, a peer support model, is a key component of CTSRR's resilience work, providing staff with the tools and skills to cultivate a workplace culture that prioritizes well-being. Bottom-up support from front-line workers combined with top-down commitment and engagement from organizational leaders have enabled Northwell to successfully scale up CTSRR program implementation.

Northwell regularly collects and evaluates data to measure the efficacy of CTSRR activities and guide development of future programs. With a structured yet adaptable framework in place, the health system feels confident it can continue to address the various trauma and well-being needs of its staff, whatever their source.

Case in Point: Onboarding Impact ⁵⁸

Starting strong with nurse onboarding has a significant impact on engagement and retention down the line. It's one of the first opportunities health care organizations have to make a difference — and what a difference it can make.

Using Relias, hospitals and health systems have seen substantial improvements in nurse time-to-practice, confidence and satisfaction.

One large regional West Coast health system invested in strategies to reduce nurse turnover. Integrating data-driven, personalized assessments into its nurse residency program improved competency and reduced costs by individualizing residents' onboarding education and experience.

Using Relias Assessments, nurse leaders celebrated several successes:

- Reduced nurse onboarding time from 18 weeks to 12.
- Cost savings of \$295K by preparing nurses sooner for independent practice.
- Improvement in ease and confidence in the transition from student to nurse.
- Enhanced nurse critical thinking and clinical decision-making.
- Increased new graduate nurse retention rates and reduced RN turnover.



Case in Point: Bolstering Workplace Safety⁵⁹

Recognizing that rising violence threatened patients, employees and visitors, and adversely affected staff recruitment and retention, Grady Memorial Hospital in Atlanta invested in bold operational and policy initiatives to improve workplace safety. They began by conducting an enterprisewide risk assessment, and then established strategic priorities and developed critical action steps to:

- Establish visibility of public safety officers within and around the hospital campus.
- Provide comprehensive training and retraining on skills ranging from de-escalation to self-defense.
- Enhance infrastructure with a computer-aided dispatch system and additional, upgraded cameras.
- Limit and secure access points.

Staff needs were addressed with several initiatives designed to shift culture:

- Training in numerous areas including behavioral health, customer service and safety.
- Implementing Schwartz Rounds to bring caregivers from different disciplines together to discuss emotional and social issues.
- Recognizing the impact on first victims, those directly involved in workplace violence, and addressing second-victim syndrome, trauma experienced by staff after workplace violence as well as adverse patient health events.

Grady also has instituted a peer-responder program and developed community partnerships with local law enforcement and others, reinforcing to staff that their safety and security is the hospital's top priority.

Case in Point: Recognizing Nurses as Change Agents⁶⁰

Engaging nurses in shared governance empowers them, strengthens leadership skills and boosts satisfaction, which reduces turnover and hospital costs and can positively affect patient outcomes. The Clinical Scene Investigator (CSI) Academy, a hospital-based nursing leadership and innovation program developed by the American Association of Critical-Care Nurses, provides a unique opportunity for hospitals to give nurses a seat at the table and capitalize on nurse insights, or "innovation intelligence." At the same time, CSI enables nurses to gain valuable problem-solving skills, tools and support that maximize their impact as change agents.

Once a hospital chooses to participate, a team comprising two to four direct care nurses identifies a challenge in their unit and seeks solutions through the skills they learn in the 12-month CSI program. Experienced nurse leaders teach and guide participants through a combination of in-person and virtual sessions. Nurse teams lead all efforts to implement change, collaborating and gathering feedback from peers and faculty as they work on their selected projects.

Nearly 500 nurses at 97 participating hospitals have completed CSI Academy programs, and the 142 projects completed in 160 patient care units have saved \$84.2 million. Participating chief nursing officers estimate that more than 6,800 nurses and 1.25 million patients have reaped the benefits of a CSI Academy project.

Case in Point: AI Streamlines Clinical Documentation⁶¹⁻⁶⁴

On average, physicians spend 15.5 hours weekly on paperwork and administration, including nine hours devoted to EHR documentation, and 60% report that too many bureaucratic tasks contribute to burnout. They believe that no matter what AI algorithms might eventually accomplish in the medical world, the best use for generative AI (think ChatGPT) right now is to ease their documentation burden.

With the aid of AI, a family physician in Tennessee slashed the time required to document his daily patient visits from two hours to about 20 minutes. He records patient visits on his smartphone and uses AI — with minimal editing — to summarize them for treatment plans and billing.



In Pennsylvania, a family physician also has gained about two hours in her day by using AI as a digital scribe. Plus, she appreciates that recording visits allows her to be fully present for her patients without having to type or take notes. The AI software she uses translates medical terminology into plain language and provides a recording that serves as a resource to inform and remind patients about medications, exercise or scheduling follow-ups.

More than 1,000 physicians at the University of Pittsburgh Medical Center are piloting Abridge, a cardiologist-founded startup that enables physicians to automatically document patient interactions. The software extracts key points, such as changes in medication or behavior, from patient/provider conversations and creates notes for the EHR and patient summaries. It also provides easy-to-understand documentation to families and patients so that they feel prepared to manage complex treatment.

3 THINGS TO THINK ABOUT

1. How consistently and effectively do you solicit input and feedback from team members at all levels of your organizations about their emotional and physical well-being?
2. What processes have you established to enable front-line workers to be involved in identifying challenges and designing solutions?
3. What concrete steps can you take to improve EHR optimization to reduce the burden on clinicians?

MORE FROM YOUR PEERS

- Nashville, Tennessee-based HCA Healthcare is partnering with Augmedix to add dictation software for acute care clinicians. An AI solution will develop notes based on the patient/provider conversations that clinicians can review and then transfer to the EHR in real time. [Learn more.](#)
- Stanford Health Care, UC San Diego Health and UW Health in Madison, Wisconsin, are piloting Microsoft's platform from OpenAI. Integrated into Epic's MyChart, it can draft messages to patients. [Learn more.](#)
- WellSpan Health in York, Pennsylvania, implemented an AI-powered scoring tool for overnight sleep studies, decreasing the time required to generate reports from 90 minutes to 20 and freeing providers to spend more time on patient care and education. [Learn more.](#)
- Visitors to UMass Memorial Medical Center in Worcester are asked to sign a code of conduct that describes behavioral expectations and parameters, as part of a multipronged approach to improve safety and reduce incivility. [Learn more.](#)
- Mercy Health–Springfield Regional Medical Center in Ohio created its own police department to protect employees, patients and visitors. An armed officer with arresting authority will be on-site 24/7, along with more unarmed security guards. [Learn more.](#)
- Nursing students at the University of New England in Biddeford, Maine, are taught to recognize, reduce and manage aggressive behavior as part of a violence awareness certification course required for graduation. [Learn more.](#)
- Northwestern Medicine in Chicago is expanding its innovative Scholars of Wellness (SOW) program to include advanced practice providers in addition to physicians. Its goal is to develop a critical mass of wellness leaders to drive meaningful change. [Learn more.](#)
- As part of its strategy to build a culture of safety, Omaha, Nebraska-based CHI Health implemented a peer-to-peer support program, Stress First Aid, modeled after a template developed by the Department of Veterans Affairs. [Learn more.](#)
- Piedmont Athens Regional Medical Center in Georgia found that putting up signs at all facility entrances that read, *"Our workers have the right to be treated with dignity and respect at all times. They should be able to do their jobs without being physically or verbally abused. Thank you for respecting their right to an abuse-free workplace,"* had a more powerful impact on employees than any other violence-prevention tactics. [Learn more.](#)



HEALTH CARE WORKFORCE SCAN

Ask the Experts

? **What programs and policies can hospitals offer to support the emotional and physical well-being and safety of team members at all levels of their organization?**

Brittany Drumm
Program director, professionalism and well-being, Geisinger

Methods relying on just physical or emotional response can miss an opportunity for more holistic and effective support. Managers and staff may feel unsure of whom to reach out to, leading to underutilization of support mechanisms like peer support, employee assistance program (EAP), certified information security manager debriefings or security escorts.

Consider proactively assessing teams that already get involved when staff are struggling and creating a unified communication mechanism to connect them. This may include teams like the office of well-being, EAP, behavioral health, human resources, spiritual care, emergency management, security, ethics or other support services. A response team comprising these groups allows scarce resources to be managed

more effectively by creating a much stronger support bench. Team members can feel empowered to call on the expertise of other team members when appropriate, allowing those in crisis to receive the full range of support available without all the additional points of contact. At a more advanced level, incorporating operations integrates existing response mechanisms and familiarizes operations with well-being as an important aspect of response in times of crisis.


? **What types of hybrid work models could be utilized for clinical staff seeking greater flexibility?**

Roxie Cannon Wells, M.D.
Senior vice president and chief physician executive, Coastal Region, Novant Health

Throughout the COVID-19 pandemic, health care teams identified different ways to care for their patients, whether through the use of technology for remote monitoring, or in different clinical teams to address shortages. These efforts are now being tested by teams across the country to identify opportunities to allow for clinical teams to work remotely through telehealth, hospital-at-home programs or remote

monitoring. Creative approaches to the clinical workflows and tasks to be done are allowing for some team members to support care delivery remotely, relieving documentation burdens on those at the bedside. Clinical teams are also taking greater advantage of telehealth and virtual care connections to support colleagues in remote areas, or provide care to those who might not be able to travel to appointments. In addition, many organizations are tapping into their team members' desire to travel by creating inter-organizational traveling opportunities. As with all of these efforts, ensuring safe, high-quality care that supports the patient and their provider is at the heart of these approaches.

? **How will AI support and transform care delivery in the next five years? 10 years?**

 **Felicia Sadler, MJ, BSN, R.N.**
Vice president of quality, Relias

The emergence of AI will bring numerous opportunities for health care organizations over the next five to 10 years. There are certainly known benefits of AI that include mining and analyzing large data sets and identifying disparities useful in caring for patient populations. However, much is to be learned in this newer space. We know that AI identifies redundancies and inefficiencies in operations and workflows, which can certainly be helpful for Lean-focused organizations and can result in cost savings as well as higher satisfaction levels for both internal and external customers. In the future, I would anticipate a broader use for AI in areas such as scheduling, online education, and billing and coding. In compliance auditing and monitoring, it can help detect billing errors prior to submission.

AI is a tool that should be used to support, not replace, human-to-human interactions. Interpersonal relationships remain absolutely critical to healing and a positive health care experience. With the use of AI, organizations will need to find the best way to ensure that the

psychosocial aspects continue to be integral for the healing of patients. They must also consider inherent risks, and have policies/frameworks that outline the ethical and responsible use of AI.

? **How can hospitals ensure that they recruit and train a diverse workforce with the skills and cultural fluency to serve diverse patient populations and strengthen health care equity?**

 **Mary N. Mannix**
President and CEO, Augusta Health

We reviewed our mission in light of the impact of COVID-19, realizing that our communities did not feel equally welcome in our organization. By highlighting a focus on strengthening and improving the health of all people in our communities, we declared our desire to be more inclusive for our patients and our workforce so that all feel welcomed, respected and a sense of belonging at Augusta Health.

COVID-19 gave us a window into the needs among our varied communities through our mobile vaccination clinics, which have grown into new access points for care, tailored to the communities they are serving. To do that work well, we needed a workforce with cultural fluency and a deep commitment to belonging across our team. We made a few key strategic changes to facilitate this:

- We created a health care worker liaison role — a trusted member of the community to make sure we understand community members' unique needs.
- We developed education in partnership with community organizations to build our cultural humility and understanding.
- And we are sharing our mission broadly and ensuring that it is the underpinning of our decision-making across the system, from our shared values to our recruitment materials.

? **In what programs can hospitals invest to enhance work readiness for newly graduated or newly trained employees?**

Deb Zimmermann, D.NP., R.N.
CEO, DAISY Foundation

Clinicians often cite their desire to be lifelong learners as a strong driver for choosing health care as a career. Investing in accredited programming delivered longitudinally as newly trained team members join can provide a seamless bridge from an educational environment to the work environment. For example, the Commission on Collegiate Nursing Education and the American Nurses Credentialing Center accredited nurse residencies bridge the gap between academia and clinical practice by teaching novice nurses the skills necessary to navigate a complex health care environment and their role as professional nurses. Transition programs define role expectations and enable new clinicians to meet their professional responsibilities competently. In addition, novice clinicians have opportunities for social integration and acculturation to the health care environment. As team members look for additional opportunities, specialized training, and ongoing education, such as the American Association of Critical-Care Nursing's Essentials of Critical Care Orientation and specialty certification, can help team members keep pace with the rapid change in health care innovation and scientific advancement.





By the Numbers: Latest Trends and Shifts in the Health Care Workforce

Health Care Workers' Optimism Is Returning⁶⁵



- **3 in 5** health care workers said they are optimistic about the future of the industry.
- **Another 3 in 5** said they have mostly been able to handle the stressors of work in the past six months.
- **3 in 5** said their facilities were prepared to handle the end of the emergency declaration and have an appropriate amount of personal protective equipment for a potential increase of COVID-19 patients, while more than half said they are prepared to handle future surges.

Workforce Cuts and Executive Moves

- Cuts in health care (hospitals and medical product manufacturers) jobs during the first four months of 2023 were up 83% from the first four months of 2022⁶⁶ as hospitals cut costs amid softening economic conditions.⁶⁷
- The majority of health care job cuts made due to financial and operational challenges between August 2022 and June 2023 have involved administrative positions.⁶⁸
- CEOs are leaving in record numbers:
 - 23 hospital CEOs left their positions in January 2023, marking the highest monthly total in 4.5 years. The moves may be

attributed to burnout or moving to different hospitals where they could apply skills gained during the pandemic.⁶⁹

- By May 2023, CEO departures were up 70% from the same time period in 2022. Why? Postponed retirements, system combinations, acquisitions, family obligations, leaving health care.⁷⁰
- The average tenure of CFOs across multiple industries including the health care field has dropped to 5 years, whereas it used to be common for a CFO to stay at one organization for more than a decade. This could be due to:⁷¹
 - Mergers and acquisitions.
 - Higher demand for CFOs during a tight labor market.
 - CFOs encountering friction as they gain a greater role at the C-suite decision-making table; if they disagree with the organization's direction or feel unheard, they're more likely to leave.
- In 2022, only 26% of health care companies among the Fortune and S&P 500 had a chief operations officer (COO). That compares with 48% of companies in finance, 48% in energy and 40% in tech. Potential reasons for this trend toward eliminating the health care COO position or splitting up the duties of a departing COO among other executives:⁷²
 - COO is seen as a successor to the CEO, demotivating other talent.

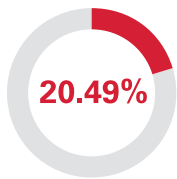
- Flattened organizational structures have more executives reporting directly to the CEO.
- Some organizations are combining the COO and CFO jobs.

Trends in Employment

- Travel nurse demand is falling:



While demand for travel nurses in 2021 grew by 35%, **demand dropped by 33% from January 2022 to April 2022** due to stabilizing COVID-19 hospitalization rates and depleted relief funding.⁷³

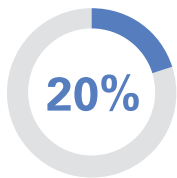


Travel nurse pay in January 2023 decreased 20.49% from January 2022.⁷⁴ Wages continued to level off and decline, with the average weekly travel nurse pay in May 2023 down nearly 10.4% from May 2022.⁷⁵

- Nursing shortages are easing for some hospitals, with more nurses back in permanent positions due to better hospital pay and perks and falling pay at temp agencies. For example:⁷⁶

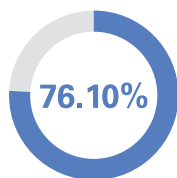
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nurses returned to Houston Methodist between January and May 2023.



20% of nurses hired since January 2022 at HCA Healthcare are returnees.

- 13.3% of registered nurses were men in 2021 – their highest share in at least a decade.⁷⁷
- 37.2% of U.S. physicians were women in 2021, continuing a steady rise since data reported in 2007 of 28.3%.⁷⁸
- Hospitals are increasingly relying on advanced practice providers as labor pressures continue:



The number of **board-certified physician assistants increased by 76.1%** in the last decade.⁷⁹



2 of every 3 providers that will enter the workforce in 2023 will be an advanced practice provider.⁸⁰

- More than 550 emergency medicine residency positions in 2023 were unfulfilled, with 219 unfulfilled in 2022. Speculations on why:⁸¹
 - Did programs do enough to recruit talent?
 - Have working conditions changed over the course of the pandemic?
 - Does the younger generation have different priorities and expectations?

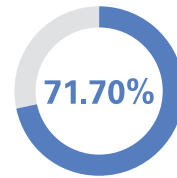
Trends in Education

↓ 1.4%

After growing for 20 years, the number of students enrolled in entry-level baccalaureate nursing programs fell 1.4% in 2022, raising concerns about the nation's nursing workforce.⁸²



28% of employers require new nurse hires to have a bachelor's degree; 72% strongly prefer baccalaureate-prepared nurses.⁸³



of the RN workforce earned a bachelor's or higher degree as of 2022.⁸⁴

- RNs from minority backgrounds are more likely than their white counterparts to pursue baccalaureate and higher degrees in nursing.⁸⁵
 - 48.4% white
 - 52.5% African American
 - 51.5% Hispanic
 - 75.6% Asian
- Gen Z health care administration graduate students aspiring to become leaders plan to be "change agents" focusing on reducing health inequities, improving use of technological advancements and enhancing care delivery models.⁸⁶

Workforce Resources

The AHA's hub for workforce-related resources can be found at www.aha.org/workforce. It includes relevant news, reports and white papers, links to upcoming conferences and webinars and archives of past events, 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>)

AHA Institute for Diversity and Health Equity

(<https://ifdhe.aha.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>)

Society for Health Care Strategy & Market Development

(<https://www.shsmd.org/>)

COVID-19: Stress and Coping Resources

(<https://www.aha.org/behavioralhealth/covid-19-stress-and-coping-resources>)

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